

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: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/30/2017 7:42 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/30/2017 Time: 7:42 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PARKVIEW HOSPITAL (15-0021) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	124	41,340	0	0	1.00
2.00 Subprovider - IPF	0	3,779	0		0	2.00
3.00 Subprovider - IRF	0	65,633	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	10,949	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	80,485	41,340	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 7:41 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 46845		4.00 County: ALLEN		1.00
1.00	Street: 11109 PARKVIEW PLAZA DRIVE	State: IN		Zip Code: 46845		County: ALLEN		2.00
2.00	City: FORT WAYNE							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
						1.00	2.00	3.00		4.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2016	12/31/2016	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickie amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	5,882	16,614	0	1,702	13,531	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 7:41 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	264	1,048	0	176	184		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00	0.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00				61.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0021

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2017 7:41 am

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	12.52	6.28	0.665957	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	
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	12.52	6.28	0.665957	67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0

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1.00										
Long Term Care Hospital PPS										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.						N	81.00		
TEFRA Providers										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						N	86.00		
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.						N	87.00		
V XIX										
1.00 2.00										
Title V and XIX Services										
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.						N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.						N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.						N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.						N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.						N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	97.00	
Rural Providers										
105.00	Does this hospital qualify as a critical access hospital (CAH)?						N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)								106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.								107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.						N		108.00	
Physical 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		109.00	
1.00										
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.						N		110.00	
1.00 2.00 3.00										
Miscellaneous Cost Reporting Information										
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.						N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.						N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.						Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.						1		118.00	
Premiums Losses Insurance										
1.00 2.00 3.00										
118.01	List amounts of malpractice premiums and paid losses:						838,200	596,362	184,089	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 7:41 am	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H032	140.00	
		1.00	2.00	3.00	
141.00	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.				
	Name: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES	Contractor's Number: 08101		
142.00	Street: 10501 CORPORATE DRIVE	PO Box: 5600			
143.00	City: FORT WAYNE	State: IN	Zip Code: 46895-5600		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
			1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	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)	N	N	N	N
156.00	Hospital	N	N	N	N
157.00	Subprovider - IPF	N	N	N	N
158.00	Subprovider - IRF	N	N	N	N
159.00	SUBPROVIDER	N	N	N	N
160.00	SNF	N	N	N	N
161.00	HOME HEALTH AGENCY	N	N	N	N
161.10	CMHC	N	N	N	N
161.10	CORF	N	N	N	N
161.20	OUTPATIENT PHYSICAL THERAPY	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/30/2017 7:41 am	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2015	09/30/2016	170.00	
						1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 7:41 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)	Y					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	03/22/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2017	Y	04/28/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/30/2017 7:41 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		NICKESON	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0021

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

Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT	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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	387	141,642	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)		387	141,642	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	125	45,750	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	6	2,196	0.00	0	8.01
8.02 NEONATAL ICU	31.02	31	11,346	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		549	200,934	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	93	34,038		0	16.00
17.00 SUBPROVIDER - IRF	41.00	31	11,346		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	41	15,006		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		714				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	33,022	5,824	94,023			1.00
2.00 HMO and other (see instructions)	27,596	31,352				2.00
3.00 HMO IPF Subprovider	1,771	6,719				3.00
4.00 HMO IRF Subprovider	917	1,408				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)	33,022	5,824	94,023			7.00
8.00 INTENSIVE CARE UNIT	6,595	0	35,633			8.00
8.01 PEDIATRIC ICU	0	0	1,071			8.01
8.02 NEONATAL ICU	0	0	7,571			8.02
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		16	5,557			13.00
14.00 Total (see instructions)	39,617	5,840	143,855	18.80	4,192.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,330	594	19,778	0.00	110.30	16.00
17.00 SUBPROVIDER - IRF	2,187	264	6,629	0.00	44.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,843	0	13,059	0.00	58.30	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	46,170	0.00	126.40	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	55.60	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				18.80	4,586.80	27.00
28.00 Observation Bed Days		3,642	15,872			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			3,355			30.00
31.00 Employee discount days - IRF			80			31.00
32.00 Labor & delivery days (see instructions)	0	537	1,032			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,808	1,028	30,061	1.00
2.00 HMO and other (see instructions)				5,818	7,521		2.00
3.00 HMO IPF Subprovider					1,563		3.00
4.00 HMO IRF Subprovider					89		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
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		7,808	1,028	30,061	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		683	100	3,919	16.00
17.00 SUBPROVIDER - IRF	0.00	0		151	17	450	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 7:41 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	344,204,452	-61,384,796	282,819,656	9,540,597.00	29.64
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		1,038,269	0	1,038,269	5,709.00	181.87
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	1,110	0	1,110	44.00	25.23
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		115,669,000	-61,384,796	54,284,204	1,763,338.00	30.78
9.00	SNF	44.00	2,660,398	329,374	2,989,772	121,322.00	24.64
10.00	Excluded area salaries (see instructions)		24,844,113	3,542,413	28,386,526	952,503.00	29.80
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		495,639	0	495,639	5,627.00	88.08
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		54,284,204	0	54,284,204	1,763,338.00	30.78
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		67,407,226	0	67,407,226		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		8,434,048	0	8,434,048		
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		181,525	0	181,525		
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		14,670,551	0	14,670,551		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	33,202,262	-23,581,335	9,620,927	11,192.00	859.63
27.00	Administrative & General	5.00	122,851,497	-60,457,509	62,393,988	2,026,366.00	30.79

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2017 7:41 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,408,602	406,415	3,815,017	158,947.00	24.00 30.00
31.00	Laundry & Linen Service	8.00	164,605	19,645	184,250	14,117.00	13.05 31.00
32.00	Housekeeping	9.00	5,020,332	621,714	5,642,046	431,132.00	13.09 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	4,864,340	610,477	5,474,817	380,500.00	14.39 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,680,188	200,454	1,880,642	37,716.00	49.86 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00 39.00
40.00	Pharmacy	15.00	10,414,944	-213,555	10,201,389	273,730.00	37.27 40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00 41.00
42.00	Social Service	17.00	3,286,100	391,759	3,677,859	115,293.00	31.90 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2017 7:41 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	228,534,342	0	228,534,342	7,777,215.00	29.39	1.00
2.00	Excluded area salaries (see instructions)	27,504,511	3,871,787	31,376,298	1,073,825.00	29.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	201,029,831	-3,871,787	197,158,044	6,703,390.00	29.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	54,779,843	0	54,779,843	1,768,965.00	30.97	4.00
5.00	Subtotal wage-related costs (see inst.)	82,259,302	0	82,259,302	0.00	41.72	5.00
6.00	Total (sum of lines 3 thru 5)	338,068,976	-3,871,787	334,197,189	8,472,355.00	39.45	6.00
7.00	Total overhead cost (see instructions)	184,892,870	-82,001,935	102,890,935	3,448,993.00	29.83	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2017 7:41 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		4,217,360	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		8,271,739	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		49,891	6.00
7.00	Employee Managed Care Program Administration Fees		977,435	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		42,326,006	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		414,095	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)		1,116,852	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		306,124	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		17,037,540	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		694,878	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		610,879	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		76,022,799	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0021

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	76,022,799	1.00
2.00	Hospital	0	76,022,799	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/30/2017 7:41 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	2,399	0	1,174	3,573	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,377.00	0.00	1,162.00	3,539.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0	1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00					0.00	3.00
4.00	Director(s) and Assistant Director(s)						1.00	4.00
5.00	Other Administrative Personnel						37.62	5.00
6.00	Direct Nursing Service						53.35	6.00
7.00	Nursing Supervisor						7.40	7.00
8.00	Physical Therapy Service						11.16	8.00
9.00	Physical Therapy Supervisor						0.00	9.00
10.00	Occupational Therapy Service						8.07	10.00
11.00	Occupational Therapy Supervisor						0.00	11.00
12.00	Speech Pathology Service						1.59	12.00
13.00	Speech Pathology Supervisor						0.08	13.00
14.00	Medical Social Service						0.00	14.00
15.00	Medical Social Service Supervisor						0.00	15.00
16.00	Home Health Aide						6.29	16.00
17.00	Home Health Aide Supervisor						0.00	17.00
18.00	QUALITY AND MISC STAFF						63.57	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				23060		20.00	
20.01					99915		20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	7,398	517	409	175	8,499	21.00	
22.00	Skilled Nursing Visit Charges	1,480,975	99,940	88,005	34,840	1,703,760	22.00	
23.00	Physical Therapy Visits	2,486	71	41	53	2,651	23.00	
24.00	Physical Therapy Visit Charges	532,925	15,225	8,790	11,325	568,265	24.00	
25.00	Occupational Therapy Visits	950	27	21	27	1,025	25.00	
26.00	Occupational Therapy Visit Charges	203,685	5,800	3,650	5,805	218,940	26.00	
27.00	Speech Pathology Visits	283	16	0	5	304	27.00	
28.00	Speech Pathology Visit Charges	60,755	3,440	0	1,075	65,270	28.00	
29.00	Medical Social Service Visits	236	11	7	10	264	29.00	
30.00	Medical Social Service Visit Charges	55,325	2,580	1,630	2,345	61,880	30.00	
31.00	Home Health Aide Visits	1,351	145	12	53	1,561	31.00	
32.00	Home Health Aide Visit Charges	140,355	15,105	1,260	5,555	162,275	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,704	787	490	323	14,304	33.00	
34.00	Other Charges	40,505	2,666	2,700	689	46,560	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,514,525	144,756	106,035	61,634	2,826,950	35.00	
36.00	Total Number of Episodes (standard/non outlier)	959		174	27	1,160	36.00	
37.00	Total Number of Outlier Episodes		20		0	20	37.00	
38.00	Total Non-Routine Medical Supply Charges	2,184,835	60,696	70,096	24,946	2,340,573	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/30/2017 7:41 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	68	0	68	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	83	0	83	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	8	0	8	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	296	0	296	12.00
13.00	RUB	342	0	342	13.00
14.00	RUA	445	0	445	14.00
15.00	RVC	378	0	378	15.00
16.00	RVB	760	0	760	16.00
17.00	RVA	1,444	0	1,444	17.00
18.00	RHC	110	0	110	18.00
19.00	RHB	163	0	163	19.00
20.00	RHA	217	0	217	20.00
21.00	RMC	25	0	25	21.00
22.00	RMB	8	0	8	22.00
23.00	RMA	27	0	27	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	3	0	3	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	5	0	5	31.00
32.00	HD1	18	0	18	32.00
33.00	HC2	16	0	16	33.00
34.00	HC1	13	0	13	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	74	0	74	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	3	0	3	40.00
41.00	LC2	14	0	14	41.00
42.00	LC1	13	0	13	42.00
43.00	LB2	6	0	6	43.00
44.00	LB1	23	0	23	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	6	0	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	49	0	49	50.00
51.00	CB2	18	0	18	51.00
52.00	CB1	26	0	26	52.00
53.00	CA2	35	0	35	53.00
54.00	CA1	109	0	109	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/30/2017 7:41 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	6	0	6	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	19	0	19	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	13	0	13	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,843	0	4,843	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	23060	23060	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	2,124,069	28.04	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	BENEFITS AND OVERHEAD COSTS	5,115,642	67.54	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,574,220			207.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/30/2017 7:41 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
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	31,131	2,297	10,586	44,014	11.00
12.00	Hospice Inpatient Respite Care	82	6	78	166	12.00
13.00	Hospice General Inpatient Care	2,849	210	335	3,394	13.00
14.00	Total Hospice Days	34,062	2,513	10,999	47,574	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/30/2017 7:41 am	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212899		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		29,640,883		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,414,355		5.00
6.00	Medicaid charges		285,901,678		6.00
7.00	Medicaid cost (line 1 times line 6)		60,868,181		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)		28,812,943		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		149,830		9.00
10.00	Stand-alone CHIP charges		456,322		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		97,150		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		40,508,485		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		229,049,297		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		48,764,366		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)		8,255,881		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		37,068,824		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	28,878,637	13,651,417	42,530,054	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	6,148,233	2,906,373	9,054,606	21.00
22.00	Partial payment by patients approved for charity care	68,269	18,528	86,797	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,079,964	2,887,845	8,967,809	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			67,853,711	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			848,929	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			67,004,782	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			14,265,251	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			23,233,060	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			60,301,884	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		47,132,721	47,132,721	-25,954,717	21,178,004	1.00
2.00	00200		0	0	26,617,769	26,617,769	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	33,202,262	68,780,831	101,983,093	-19,905,088	82,078,005	4.00
5.01	00540	0	0	0	1,596,489	1,596,489	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	1,484,512	396,392	1,880,904	176,286	2,057,190	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00591	0	0	0	0	0	5.06
5.07	00590	121,366,985	112,907,954	234,274,939	-1,118,446	233,156,493	5.07
5.08	00592	0	0	0	0	0	5.08
6.00	00600	0	0	0	0	0	6.00
7.00	00700	821,646	7,312,554	8,134,200	132,809	8,267,009	7.00
7.01	00701	2,586,956	2,851,041	5,437,997	301,075	5,739,072	7.01
8.00	00800	164,605	2,881,567	3,046,172	19,645	3,065,817	8.00
9.00	00900	5,020,332	1,786,902	6,807,234	590,919	7,398,153	9.00
10.00	01000	4,864,340	7,097,438	11,961,778	-7,037,355	4,924,423	10.00
10.01	01001	0	0	0	7,639,826	7,639,826	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,680,188	545,012	2,225,200	198,549	2,423,749	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	8,738,753	37,561,459	46,300,212	-37,138,290	9,161,922	15.00
15.01	01501	731,311	14,847,968	15,579,279	89,882	15,669,161	15.01
15.02	01502	944,880	790,007	1,734,887	894,763	2,629,650	15.02
15.03	01503	0	-1,206,523	-1,206,523	60,338,290	59,131,767	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,103,724	1,617,663	4,721,387	369,005	5,090,392	17.00
17.01	01701	182,376	207,903	390,279	21,613	411,892	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,110	3,484,557	3,485,667	0	3,485,667	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	76,829	76,829	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	929,274	929,274	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	34,705,759	7,029,593	41,735,352	1,917,325	43,652,677	30.00
31.00	03100	18,093,609	3,226,155	21,319,764	1,119,569	22,439,333	31.00
31.01	03101	860,619	537,616	1,398,235	97,423	1,495,658	31.01
31.02	03102	2,943,250	985,112	3,928,362	282,938	4,211,300	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	6,089,105	1,192,054	7,281,159	65,511	7,346,670	40.00
41.00	04100	2,126,196	220,945	2,347,141	247,203	2,594,344	41.00
43.00	04300	0	0	0	3,373,886	3,373,886	43.00
44.00	04400	2,660,398	313,552	2,973,950	294,535	3,268,485	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,919,716	38,577,462	48,497,178	-31,905,001	16,592,177	50.00
50.01	05001	1,444,472	5,756,992	7,201,464	-2,550,848	4,650,616	50.01
51.00	05100	3,156,731	466,280	3,623,011	3,575,155	7,198,166	51.00
52.00	05200	685,990	120,293	806,283	-626,468	179,815	52.00
54.00	05400	8,878,621	7,555,184	16,433,805	-2,182,678	14,251,127	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	174,419	49,920	224,339	20,859	245,198	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	18,318	31,925	50,243	2,182	52,425	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	3,208,088	3,338,636	6,546,724	117,345	6,664,069	55.00
56.00	05600	331,481	95,882	427,363	10,037	437,400	56.00
58.00	05800	551,354	299,188	850,542	59,948	910,490	58.00
60.00	06000	14,069,451	17,083,900	31,153,351	297,104	31,450,455	60.00
60.01	06001	416,667	1,021,736	1,438,403	133,204	1,571,607	60.01
62.00	06200	461	2,787,322	2,787,783	563,290	3,351,073	62.00
62.30	06250	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2017 7:41 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	
65.00	06500 RESPIRATORY THERAPY	4,919,633	749,597	5,669,230	-1,089,002	4,580,228	65.00
65.02	06502 DIALYSIS	38,096	1,855,904	1,894,000	-3,208	1,890,792	65.02
65.03	03330 ENDOSCOPY	2,296,267	4,982,059	7,278,326	-2,217,293	5,061,033	65.03
66.00	06600 PHYSICAL THERAPY	6,844,344	702,256	7,546,600	-2,437,006	5,109,594	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	206,763	-84,459	122,304	2,408,743	2,531,047	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	744,508	744,508	68.00
68.01	06801 NEURO REHAB	1,420,502	288,389	1,708,891	164,287	1,873,178	68.01
69.00	06900 ELECTROCARDIOLOGY	255,625	160,044	415,669	907,915	1,323,584	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	158,455	41,697	200,152	334,137	534,289	70.00
70.01	03950 NUTRITION SUPPORT	637,109	148,958	786,067	70,988	857,055	70.01
70.03	03952 CARDIAC CATH LAB	3,351,367	19,462,872	22,814,239	-17,033,725	5,780,514	70.03
70.04	03953 CARDIAC REHA SERVICES	174,435	33,565	208,000	20,723	228,723	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	35,481,333	35,481,333	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	635,573	1,370,627	2,006,200	-36,242	1,969,958	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	644,611	789,966	1,434,577	-375,753	1,058,824	90.00
90.01	09001 ANTI COAG CLINIC	706,116	462,065	1,168,181	750,354	1,918,535	90.01
91.00	09100 EMERGENCY	8,522,161	4,964,222	13,486,383	681,384	14,167,767	91.00
91.01	09101 PARTIAL HOSPITALIZATION	241,336	37,374	278,710	27,407	306,117	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,294,562	300,747	1,595,309	155,133	1,750,442	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,306,511	4,569,452	6,875,963	253,974	7,129,937	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	10,176,739	10,526,178	20,702,917	-10,254,821	10,448,096	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	7,833,331	7,833,331	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	340,058,890	451,046,706	791,105,596	138,813	791,244,409	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	81	1,061	1,142	-17	1,125	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	12,735	2,309	15,044	1,523	16,567	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	88,505	924,742	1,013,247	-26,373	986,874	194.05
194.06	07956 STUCKY RESEARCH CTR	2,663,987	1,009,269	3,673,256	-4,595	3,668,661	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	-12,144	-12,144	12,144	0	194.07
194.08	07958 FOUNDATION	153	12,194	12,347	-135	12,212	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	56,573	1,630,107	1,686,680	6,766	1,693,446	194.12
194.13	07963 HUNTINGTON ARC	0	132	132	0	132	194.13
194.14	07964 SENIOR HEALTH SERVICES	75,935	258,436	334,371	9,076	343,447	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	995,960	1,628,464	2,624,424	-326,254	2,298,170	194.15
194.16	07966 FITNESS	0	0	0	181,237	181,237	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	2,397	2,397	-453	1,944	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	118	118	0	118	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	185,676	633,832	819,508	20,523	840,031	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	2,850,254	2,850,254	0	2,850,254	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	65,957	58,718	124,675	-12,255	112,420	194.28
200.00	TOTAL (SUM OF LINES 118-199)	344,204,452	460,046,595	804,251,047	0	804,251,047	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-313,082	20,864,922	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-306,981	26,310,788	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-46,615,418	35,462,587	4.00
5.01	00540	COMMUNICATIONS	-313,757	1,282,732	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	2,057,190	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-92,456,041	140,700,452	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-10,972	8,256,037	7.00
7.01	00701	FACILITY ENGINEERING	-980,876	4,758,196	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	142,033	3,207,850	8.00
9.00	00900	HOUSEKEEPING	0	7,398,153	9.00
10.00	01000	DIETARY	-4,507,600	416,823	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	7,639,826	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,423,749	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-9,448	9,152,474	15.00
15.01	01501	OUTPATIENT PHARMACY	-1,306,486	14,362,675	15.01
15.02	01502	IV SOLUTIONS	0	2,629,650	15.02
15.03	01503	MED SURG SUPPLY	-21,203	59,110,564	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-1	5,090,391	17.00
17.01	01701	REHAB ADMIN	-247	411,645	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,485,667	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	76,829	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	929,274	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-207,330	43,445,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,439,333	31.00
31.01	03101	PEDIATRIC ICU	-164,354	1,331,304	31.01
31.02	03102	NEONATAL ICU	-82	4,211,218	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	11,147	7,357,817	40.00
41.00	04100	SUBPROVIDER - I RF	-6,534	2,587,810	41.00
43.00	04300	NURSERY	0	3,373,886	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,268,485	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,069	16,591,108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	-1,016,360	3,634,256	50.01
51.00	05100	RECOVERY ROOM	-9	7,198,157	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1	179,814	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-351,550	13,899,577	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-37,110	208,088	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-27,584	24,841	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-958,892	5,705,177	55.00
56.00	05600	RADIOISOTOPE	0	437,400	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	910,490	58.00
60.00	06000	LABORATORY	-14,436,030	17,014,425	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	1,571,607	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-43	3,351,030	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-15,786	4,564,442	65.00
65.02	06502	DIALYSIS	0	1,890,792	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-558,092	4,502,941	65.03
66.00	06600	PHYSICAL THERAPY	-198,906	4,910,688	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	91,567	2,622,614	67.00
68.00	06800	SPEECH PATHOLOGY	0	744,508	68.00
68.01	06801	NEURO REHAB	-163,020	1,710,158	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,323,584	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-214	534,075	70.00
70.01	03950	NUTRITION SUPPORT	-14	857,041	70.01
70.03	03952	CARDIAC CATH LAB	-138,552	5,641,962	70.03
70.04	03953	CARDIAC REHA SERVICES	0	228,723	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-7,660	-7,660	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,481,333	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-31,567	1,938,391	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,091	1,054,733	90.00
90.01	09001	ANTI COAG CLINIC	0	1,918,535	90.01
91.00	09100	EMERGENCY	-2,038,457	12,129,310	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	306,117	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,750,442	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-368,400	6,761,537	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-344,468	10,103,628	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	7,833,331	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-167,673,540	623,570,869	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,125	190.00
194.00	07950	NON ALLOWABLE	0	0	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	16,567	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	194.04
194.05	07955	EDUCARE CTR	0	986,874	194.05
194.06	07956	STUCKY RESEARCH CTR	-74,562	3,594,099	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	194.07
194.08	07958	FOUNDATION	0	12,212	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,693,446	194.12
194.13	07963	HUNTINGTON ARC	0	132	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	343,447	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-134	2,298,036	194.15
194.16	07966	FITNESS	0	181,237	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-9,970	-8,026	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	118	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-792,540	47,491	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	-28,569	2,821,685	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	112,420	194.28
200.00		TOTAL (SUM OF LINES 118-199)	-168,579,315	635,671,732	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

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Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY PERSONNEL						
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	3,106,788	4,533,038	1.00	
	O		3,106,788	4,533,038		
B - PHARMACY SALARIES AND SOLUTIONS						
1.00	IV SOLUTIONS	15.02	158,893	0	1.00	
	O		158,893	0		
C - OTHER A&G						
1.00	OTHER A&G	5.07	70,908	0	1.00	
	O		70,908	0		
D - BLOOD BANK						
1.00	ANTI COAG CLINIC	90.01	231,630	430,610	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	878	482,683	2.00	
	O		232,508	913,293		
F - BLOOD BANK LAB ADMIN						
1.00	ANATOMICAL PATHOLOGY	60.01	65,905	21,590	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	89	79,585	2.00	
	O		65,994	101,175		
I - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	26,436,271	1.00	
	O		0	26,436,271		
J - MED SURG/IV SUPPLIES						
1.00	IV SOLUTIONS	15.02	0	1,742,334	1.00	
2.00	MED SURG SUPPLY	15.03	0	60,338,290	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
	O		0	62,080,624		
K - OPERATION OF PLANT						
1.00	OPERATION OF PLANT	7.00	0	36,841	1.00	
	O		0	36,841		
L - IV SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	426,125	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	16,821	0	2.00	
3.00	PEDIATRIC ICU	31.01	16,821	0	3.00	
4.00	NEONATAL ICU	31.02	11,214	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	28,035	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	5,607	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	11,214	0	7.00	

RECLASSIFICATIONS

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Period:
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To 12/31/2016

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	EMERGENCY	91.00	44,855	0	8.00
			560,692	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,481,333	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,609	2.00
			0	35,485,942	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	370,438	203,531	1.00
			370,438	203,531	
O - FITNESS CENTER					
1.00	FITNESS	194.16	159,122	22,115	1.00
			159,122	22,115	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	481,554	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	181,498	2.00
			0	663,052	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	3,373,527	3,473,986	1.00
			3,373,527	3,473,986	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	560,421	425,397	1.00
			560,421	425,397	
W - RECLASS PTO DOLLARS					
1.00	PATIENT SERVICES	5.04	2,384	0	1.00
2.00	OTHER A&G	5.07	15,049	0	2.00
3.00	OPERATION OF PLANT	7.00	4,588	0	3.00
4.00	FACILITY ENGINEERING	7.01	12,350	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	962	0	5.00
6.00	HOUSEKEEPING	9.00	23,813	0	6.00
7.00	DIETARY	10.00	19,191	0	7.00
8.00	NURSING ADMINISTRATION	13.00	7,721	0	8.00
9.00	PHARMACY	15.00	20,060	0	9.00
10.00	OUTPATIENT PHARMACY	15.01	3,325	0	10.00
11.00	IV SOLUTIONS	15.02	1,348	0	11.00
12.00	SOCIAL SERVICE	17.00	6,571	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	94,858	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	12,217	0	14.00
15.00	SUBPROVIDER - IPF	40.00	18,691	0	15.00
16.00	SUBPROVIDER - IRF	41.00	27,658	0	16.00
17.00	SKILLED NURSING FACILITY	44.00	34,607	0	17.00
18.00	OPERATING ROOM	50.00	18,334	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	29,490	0	19.00
20.00	RADIOLOGY - NHMP	54.05	2,269	0	20.00
21.00	CARDIAC REHA SERVICES	70.04	456	0	21.00
22.00	RADIOISOTOPE	56.00	794	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,931	0	23.00
24.00	RESPIRATORY THERAPY	65.00	15,952	0	24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	4,869	0	25.00
26.00	ENDOSCOPY	65.03	3,686	0	26.00
27.00	PHYSICAL THERAPY	66.00	48,461	0	27.00
28.00	NEURO REHAB	68.01	10,280	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	674	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	171	0	30.00
31.00	NUTRITION SUPPORT	70.01	2,234	0	31.00
32.00	ANTI COAG CLINIC	90.01	5,034	0	32.00
33.00	EMERGENCY	91.00	51,746	0	33.00
34.00	AMBULANCE SERVICES	95.00	21	0	34.00
35.00	OP CLINIC	194.03	166	0	35.00
36.00	FOUNDATION	194.08	2	0	36.00
37.00	GUEST SERVICES	194.12	736	0	37.00
38.00	SENIOR HEALTH SERVICES	194.14	983	0	38.00
39.00	RECOVERY ROOM	51.00	5,389	0	39.00
40.00	PARTIAL HOSPITALIZATION	91.01	348	0	40.00
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9,630	0	41.00
			520,049	0	
Y - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,698,362	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

RECLASSIFICATIONS

Provider CCN: 15-0021

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
			0	3,698,362	
Z - PTO ACCRUAL RECLASS PVHOS					
1.00	PATIENT SERVICES	5.04	158,223	0	1.00
2.00	OTHER A&G	5.07	607,307	0	2.00
3.00	OPERATION OF PLANT	7.00	87,573	0	3.00
4.00	FACILITY ENGINEERING	7.01	270,807	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	17,544	0	5.00
6.00	HOUSEKEEPING	9.00	531,700	0	6.00
7.00	DIETARY	10.00	525,447	0	7.00
8.00	NURSING ADMINISTRATION	13.00	179,079	0	8.00
9.00	PHARMACY	15.00	939,707	0	9.00
10.00	OUTPATIENT PHARMACY	15.01	77,945	0	10.00
11.00	IV SOLUTIONS	15.02	100,708	0	11.00
12.00	SOCIAL SERVICE	17.00	330,804	0	12.00
13.00	REHAB ADMIN	17.01	19,438	0	13.00
15.00	ADULTS & PEDIATRICS	30.00	3,607,641	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	499,180	0	16.00
17.00	PEDIATRIC ICU	31.01	91,727	0	17.00
18.00	NEONATAL ICU	31.02	350,984	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	1,470,259	0	19.00
20.00	SUBPROVIDER - IPF	40.00	153,142	0	20.00
21.00	SUBPROVIDER - IRF	41.00	226,616	0	21.00
22.00	SKILLED NURSING FACILITY	44.00	283,553	0	22.00
23.00	OPERATING ROOM	50.00	1,075,627	0	23.00
24.00	CAREW MEDICAL PARK SURG	50.01	153,956	0	24.00
25.00	RECOVERY ROOM	51.00	336,453	0	25.00
26.00	DELIVERY ROOM & LABOR ROOM	52.00	73,115	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	948,802	0	27.00
28.00	RADIOLOGY - NHMP	54.05	18,590	0	28.00
29.00	RADIOLOGY - PULM CLINIC	54.08	1,952	0	29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	341,927	0	30.00
31.00	RADIOISOTOPE	56.00	35,330	0	31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	58,765	0	32.00
33.00	LABORATORY	60.00	1,515,285	0	33.00
34.00	ANATOMICAL PATHOLOGY	60.01	44,410	0	34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	49	0	35.00
36.00	RESPIRATORY THERAPY	65.00	524,348	0	36.00
37.00	HYPERBARIC OXYGEN THERAPY	76.98	67,741	0	37.00
38.00	DIALYSIS	65.02	4,060	0	38.00
39.00	ENDOSCOPY	65.03	244,743	0	39.00
40.00	PHYSICAL THERAPY	66.00	729,490	0	40.00
41.00	NEURO REHAB	68.01	151,401	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	27,245	0	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	16,889	0	43.00
44.00	NUTRITION SUPPORT	70.01	67,905	0	44.00
45.00	CARDIAC CATH LAB	70.03	357,198	0	45.00
46.00	CARDIAC REHA SERVICES	70.04	18,592	0	46.00
47.00	CLINIC	90.00	58,579	0	47.00
48.00	ANTI COAG CLINIC	90.01	78,668	0	48.00
49.00	EMERGENCY	91.00	967,320	0	49.00
50.00	AMBULANCE SERVICES	95.00	245,834	0	50.00
51.00	HOME HEALTH AGENCY	101.00	1,987	0	51.00
52.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	9	0	52.00
53.00	OP CLINIC	194.03	1,357	0	53.00
54.00	EDUCARE CTR	194.05	9,433	0	54.00
55.00	GUEST SERVICES	194.12	6,030	0	55.00
56.00	SENIOR HEALTH SERVICES	194.14	8,093	0	56.00
57.00	MEDICAL OFFICE BUILDINGS	194.23	19,790	0	57.00
58.00	RWJ FOUNDATION	194.28	7,031	0	58.00
59.00	PARTIAL HOSPITALIZATION	91.01	2,850	0	59.00
60.00	OBSERVATION BEDS (DISTINCT PART)	92.01	155,121	0	60.00
			18,905,359	0	
AA - PTO RECLASS PVN					
1.00	PATIENT SERVICES	5.04	16,352	0	1.00
2.00	OTHER A&G	5.07	57,064	0	2.00
3.00	OPERATION OF PLANT	7.00	5,893	0	3.00
4.00	FACILITY ENGINEERING	7.01	19,998	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	1,139	0	5.00

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Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	HOUSEKEEPING	9.00	39,683	0		6.00
7.00	DIETARY	10.00	43,410	0		7.00
8.00	NURSING ADMINISTRATION	13.00	13,654	0		8.00
9.00	PHARMACY	15.00	91,412	0		9.00
10.00	OUTPATIENT PHARMACY	15.01	5,978	0		10.00
11.00	IV SOLUTIONS	15.02	10,572	0		11.00
12.00	SOCIAL SERVICE	17.00	32,654	0		12.00
13.00	REHAB ADMIN	17.01	2,292	0		13.00
15.00	ADULTS & PEDIATRICS	30.00	333,702	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	58,853	0		16.00
17.00	PEDIATRIC ICU	31.01	10,815	0		17.00
18.00	NEONATAL ICU	31.02	41,380	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	161,540	0		19.00
20.00	OPERATING ROOM	50.00	109,104	0		20.00
21.00	CAREW MEDICAL PARK SURG	50.01	18,151	0		21.00
22.00	RECOVERY ROOM	51.00	34,461	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	8,620	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	83,375	0		24.00
25.00	RADIOLOGY - PULM CLINIC	54.08	230	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	40,323	0		26.00
27.00	RADIOISOTOPE	56.00	3,398	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,097	0		28.00
29.00	LABORATORY	60.00	178,650	0		29.00
30.00	ANATOMICAL PATHOLOGY	60.01	5,236	0		30.00
31.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	6	0		31.00
32.00	RESPIRATORY THERAPY	65.00	46,410	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	3,283	0		33.00
34.00	DIALYSIS	65.02	479	0		34.00
35.00	ENDOSCOPY	65.03	25,294	0		35.00
36.00	PHYSICAL THERAPY	66.00	39,192	0		36.00
37.00	NEURO REHAB	68.01	7,919	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	2,561	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	1,826	0		39.00
40.00	NUTRITION SUPPORT	70.01	5,848	0		40.00
41.00	CARDIAC CATH LAB	70.03	42,113	0		41.00
42.00	CARDIAC REHA SERVICES	70.04	1,752	0		42.00
43.00	CLINIC	90.00	8,100	0		43.00
44.00	ANTI COAG CLINIC	90.01	4,412	0		44.00
45.00	EMERGENCY	91.00	64,059	0		45.00
46.00	AMBULANCE SERVICES	95.00	28,963	0		46.00
47.00	HOME HEALTH AGENCY	101.00	234	0		47.00
48.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1	0		48.00
49.00	EDUCARE CTR	194.05	1,113	0		49.00
50.00	STUCKY RESEARCH CTR	194.06	35,338	0		50.00
51.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	12,515	0		51.00
52.00	MEDICAL OFFICE BUILDINGS	194.23	2,333	0		52.00
53.00	RWJ FOUNDATION	194.28	829	0		53.00
54.00	OBSERVATION BEDS (DISTINCT PART)	92.01	8,985	0		54.00
			1,775,601	0		
AB - PTO RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	449	0		1.00
2.00	HOUSEKEEPING	9.00	2,285	0		2.00
3.00	DIETARY	10.00	1,933	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	13,449	0		4.00
5.00	SUBPROVIDER - IPF	40.00	46,062	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	2,010	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	2,086	0		7.00
			68,274	0		
AC - PTO ACCRUAL RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	4,757	0		1.00
2.00	HOUSEKEEPING	9.00	24,233	0		2.00
3.00	DIETARY	10.00	20,496	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	142,638	0		4.00
5.00	SUBPROVIDER - IPF	40.00	488,535	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	21,314	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	22,123	0		7.00
			724,096	0		

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AD - PTO RECLASS HOME HEALTH					
1.00	HOME HEALTH AGENCY	101.00	190,622	0	1.00
	O		190,622	0	
AE - PTO ACCRUAL RECLASS HOME HEALTH					
1.00	HOME HEALTH AGENCY	101.00	1,241,769	0	1.00
	O		1,241,769	0	
AF - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	71,858	4,971	1.00
2.00	PARAMED ED PHARMACY	23.02	903,918	25,356	2.00
	O		975,776	30,327	
AG - DIABETES CLINIC RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	425,621	1.00
	O		0	425,621	
AH - CORPORATE ALLOCATION RECLASS					
1.00	OTHER A&G	5.07	0	61,384,796	1.00
	O		0	61,384,796	
AK - TELEPHONE EXPENSE RECLASS					
1.00	COMMUNICATIONS	5.01	0	1,596,489	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	O		0	1,596,489	
AM - NEW LIFE CENTER NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	394,057	12,675	1.00
2.00	NURSERY	43.00	291,932	9,390	2.00
	O		685,989	22,065	

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AN - OCCUPATIONAL HEALTH					
1.00	OCCUPATIONAL HEALTH	194.07	0	12,144	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	O		0	12,144	
AO - CONVERSION TABLE RECLASS					
1.00	RECOVERY ROOM	51.00	431,597	1,187,866	1.00
2.00	OUTPATIENT PHARMACY	15.01	942	3,425	2.00
3.00	OCCUPATIONAL THERAPY	67.00	2,266,701	119,101	3.00
4.00	SPEECH PATHOLOGY	68.00	707,342	37,166	4.00
5.00	ELECTROCARDIOLOGY	69.00	767,507	110,660	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	275,938	39,785	6.00
7.00	RECOVERY ROOM	51.00	448,292	1,233,816	7.00
	O		4,898,319	2,731,819	
AP - NURSERY RECLASS NORTH					
1.00	NURSERY	43.00	1,922,564	458,211	1.00
	O		1,922,564	458,211	
AQ - NURSERY RECLASS PVHOS					
1.00	NURSERY	43.00	587,874	103,915	1.00
	O		587,874	103,915	
500.00	Grand Total: Increases		41,155,583	204,839,014	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00		7.00	8.00	9.00	10.00		
A - DIETARY PERSONNEL							
1.00	DIETARY	10.00	3,106,788	4,533,038		0	1.00
	O		3,106,788	4,533,038			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	158,893	0		0	1.00
	O		158,893	0			
C - OTHER A&G							
1.00	EMERGENCY	91.00	70,908	0		0	1.00
	O		70,908	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	232,508	913,293		0	1.00
2.00		0.00	0	0		0	2.00
	O		232,508	913,293			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	65,994	101,175		0	1.00
2.00		0.00	0	0		0	2.00
	O		65,994	101,175			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,436,271		9	1.00
	O		0	26,436,271			
J - MED SURG/IV SUPPLIES							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	18,529		0	1.00
2.00	OTHER A&G	5.07	0	58		0	2.00
3.00	FACILITY ENGINEERING	7.01	0	288		0	3.00
4.00	HOUSEKEEPING	9.00	0	1,038		0	4.00
5.00	PHARMACY	15.00	0	1,699,757		0	5.00
6.00	OUTPATIENT PHARMACY	15.01	0	1,584		0	6.00
7.00	IV SOLUTIONS	15.02	0	558,067		0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,032,194		0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	323,780		0	9.00
10.00	PEDIATRIC ICU	31.01	0	21,819		0	10.00
11.00	NEONATAL ICU	31.02	0	120,491		0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	801,775		0	12.00
13.00	SUBPROVIDER - IPF	40.00	0	9,283		0	13.00
14.00	SUBPROVIDER - IRF	41.00	0	12,516		0	14.00
15.00	SKILLED NURSING FACILITY	44.00	0	34,358		0	15.00
16.00	OPERATING ROOM	50.00	0	29,795,391		0	16.00
17.00	CAREW MEDICAL PARK SURG	50.01	0	2,721,684		0	17.00
18.00	RECOVERY ROOM	51.00	0	89,223		0	18.00
19.00	CLINIC	90.00	0	1,110		0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,240,460		0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	612		0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	262,992		0	22.00
23.00	RADIOISOTOPE	56.00	0	29,021		0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,548		0	24.00
25.00	LABORATORY	60.00	0	2,199		0	25.00
26.00	ANATOMICAL PATHOLOGY	60.01	0	3,816		0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	478,809		0	27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	111,748		0	28.00
29.00	DIALYSIS	65.02	0	7,505		0	29.00
30.00	ENDOSCOPY	65.03	0	2,486,291		0	30.00
31.00	PHYSICAL THERAPY	66.00	0	119,857		0	31.00
32.00	NEURO REHAB	68.01	0	5,002		0	32.00
33.00	NUTRITION SUPPORT	70.01	0	3,378		0	33.00
34.00	CARDIAC CATH LAB	70.03	0	17,331,968		0	34.00
35.00	EMERGENCY	91.00	0	364,368		0	35.00
36.00	AMBULANCE SERVICES	95.00	0	15,906		0	36.00
37.00	HOME HEALTH AGENCY	101.00	0	367,083		0	37.00
38.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	791		0	38.00
39.00	MEDICAL OFFICE BUILDINGS	194.23	0	325		0	39.00
	O		0	62,080,624			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	36,841		0	1.00
	O		0	36,841			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	560,692	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
0		560,692	0				
M - COST OF DRUGS SOLD							
1.00	PHARMACY	15.00	0	35,395,111	0	1.00	
2.00	CARDIAC CATH LAB	70.03	0	90,831	0	2.00	
0			0	35,485,942			
N - PBH ADMIN COSTS							
1.00	SUBPROVIDER - IPF	40.00	370,438	203,531	0	1.00	
0			370,438	203,531			
O - FITNESS CENTER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	159,122	22,115	0	1.00	
0			159,122	22,115			
S - CAPITAL INSURANCE							
1.00	OTHER A&G	5.07	0	663,052	9	1.00	
2.00		0.00	0	0	9	2.00	
0			0	663,052			
T - HOSPICE RECLASS							
1.00	HOME HEALTH AGENCY	101.00	3,373,527	3,473,986	0	1.00	
0			3,373,527	3,473,986			
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	560,421	425,397	0	1.00	
0			560,421	425,397			
W - RECLASS PTO DOLLARS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	520,038	0	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	10	0	0	2.00	
3.00	EDUCARE CTR	194.05	1	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
0			520,049	0			
Y - EMPLOYEE BENEFIT RECLASS							
1.00	CAREW MEDICAL PARK SURG	50.01	0	567	0	1.00	
2.00	CLINIC	90.00	0	15,392	0	2.00	
3.00	HOME HEALTH AGENCY	101.00	0	3,294,324	0	3.00	
4.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	27	0	4.00	
5.00	STUCKY RESEARCH CTR	194.06	0	36,665	0	5.00	

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	329,997	0	6.00
7.00	MEDICAL OFFICE BUILDINGS	194.23	0	1,275	0	7.00
8.00	RWJ FOUNDATION	194.28	0	20,115	0	8.00
	0		0	3,698,362		
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	18,901,813	0	0	1.00
2.00	STUCKY RESEARCH CTR	194.06	1,834	0	0	2.00
3.00	FOUNDATION	194.08	137	0	0	3.00
4.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	1,575	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
	0		18,905,359	0		
AA - PTO RECLASS PVN						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,775,601	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
5/30/2017 7:41 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	0.00	0	0	0	0		10.00
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
17.00	0.00	0	0	0	0		17.00
18.00	0.00	0	0	0	0		18.00
19.00	0.00	0	0	0	0		19.00
20.00	0.00	0	0	0	0		20.00
21.00	0.00	0	0	0	0		21.00
22.00	0.00	0	0	0	0		22.00
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
42.00	0.00	0	0	0	0		42.00
43.00	0.00	0	0	0	0		43.00
44.00	0.00	0	0	0	0		44.00
45.00	0.00	0	0	0	0		45.00
46.00	0.00	0	0	0	0		46.00
47.00	0.00	0	0	0	0		47.00
48.00	0.00	0	0	0	0		48.00
49.00	0.00	0	0	0	0		49.00
50.00	0.00	0	0	0	0		50.00
51.00	0.00	0	0	0	0		51.00
52.00	0.00	0	0	0	0		52.00
53.00	0.00	0	0	0	0		53.00
54.00	0.00	0	0	0	0		54.00
0		1,775,601	0				
AB - PTO RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	68,274	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
0			68,274	0			
AC - PTO ACCRUAL RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	724,096	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
0			724,096	0			
AD - PTO RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	190,622	0	0		1.00
0			190,622	0			
AE - PTO ACCRUAL RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,241,769	0	0		1.00
0			1,241,769	0			

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
AF - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	71,858	4,971	0		1.00
2.00	PHARMACY	15.00	903,918	25,356	0		2.00
	0		975,776	30,327			
AG - DIABETES CLINIC RECLASS							
1.00	CLINIC	90.00	0	425,621	0		1.00
	0		0	425,621			
AH - CORPORATE ALLOCATION RECLASS							
1.00	OTHER A&G	5.07	61,384,796	0	0		1.00
	0		61,384,796	0			
AK - TELEPHONE EXPENSE RECLASS							
1.00	PATIENT SERVICES	5.04	0	673	0		1.00
2.00	OTHER A&G	5.07	0	1,205,664	0		2.00
3.00	OPERATION OF PLANT	7.00	0	2,086	0		3.00
4.00	FACILITY ENGINEERING	7.01	0	6,998	0		4.00
5.00	HOUSEKEEPING	9.00	0	29,757	0		5.00
6.00	DIETARY	10.00	0	8,006	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,905	0		7.00
8.00	PHARMACY	15.00	0	1,572	0		8.00
9.00	OUTPATIENT PHARMACY	15.01	0	149	0		9.00
10.00	IV SOLUTIONS	15.02	0	333	0		10.00
11.00	SOCIAL SERVICE	17.00	0	1,024	0		11.00
12.00	REHAB ADMIN	17.01	0	117	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,652	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	791	0		14.00
15.00	PEDIATRIC ICU	31.01	0	121	0		15.00
16.00	NEONATAL ICU	31.02	0	149	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	990	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	162	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	57,667	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	481	0		20.00
21.00	OPERATING ROOM	50.00	0	11,104	0		21.00
22.00	RECOVERY ROOM	51.00	0	13,480	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	149	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,594	0		24.00
25.00	CAREW MEDICAL PARK SURG	50.01	0	704	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,903	0		26.00
27.00	RADIOISOTOPE	56.00	0	464	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	122	0		28.00
29.00	LABORATORY	60.00	0	4,547	0		29.00
30.00	ANATOMICAL PATHOLOGY	60.01	0	121	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	3,003	0		31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	387	0		32.00
33.00	DIALYSIS	65.02	0	242	0		33.00
34.00	ENDOSCOPY	65.03	0	4,725	0		34.00
35.00	PHYSICAL THERAPY	66.00	0	3,982	0		35.00
36.00	OCCUPATIONAL THERAPY	67.00	0	383	0		36.00
37.00	NEURO REHAB	68.01	0	311	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	114	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	472	0		39.00
40.00	NUTRITION SUPPORT	70.01	0	1,621	0		40.00
41.00	CARDIAC CATH LAB	70.03	0	10,237	0		41.00
42.00	CARDIAC REHA SERVICES	70.04	0	77	0		42.00
43.00	CLINIC	90.00	0	309	0		43.00
44.00	EMERGENCY	91.00	0	4,064	0		44.00
45.00	AMBULANCE SERVICES	95.00	0	4,938	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	194,695	0		46.00
47.00	EDUCARE CTR	194.05	0	77	0		47.00
48.00	STUCKY RESEARCH CTR	194.06	0	1,434	0		48.00
49.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	6,406	0		49.00
50.00	BREAST DIAGNOSTIC CTR	194.18	0	453	0		50.00
51.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	74	0		51.00
	0		0	1,596,489			
AM - NEW LIFE CENTER NURSING ADMIN							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	685,989	22,065	0		1.00
2.00		0.00	0	0	0		2.00
	0		685,989	22,065			
AN - OCCUPATIONAL HEALTH							
1.00	PHARMACY	15.00	0	495	0		1.00
2.00	RECOVERY ROOM	51.00	0	16	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,900	0		3.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	175	0		4.00
5.00	LABORATORY	60.00	0	286	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	10	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	6	0		7.00
8.00	EMERGENCY	91.00	0	7,256	0		8.00
			0	12,144			
AO - CONVERSION TABLE RECLASS							
1.00	OPERATING ROOM	50.00	431,597	1,187,866	0		1.00
2.00	PHARMACY	15.00	942	3,425	0		2.00
3.00	PHYSICAL THERAPY	66.00	2,266,701	119,101	0		3.00
4.00	PHYSICAL THERAPY	66.00	707,342	37,166	0		4.00
5.00	RESPIRATORY THERAPY	65.00	767,507	110,660	0		5.00
6.00	RESPIRATORY THERAPY	65.00	275,938	39,785	0		6.00
7.00	OPERATING ROOM	50.00	448,292	1,233,816	0		7.00
			4,898,319	2,731,819			
AP - NURSERY RECLASS NORTH							
1.00	ADULTS & PEDIATRICS	30.00	1,922,564	458,211	0		1.00
			1,922,564	458,211			
AQ - NURSERY RECLASS PVHOS							
1.00	ADULTS & PEDIATRICS	30.00	587,874	103,915	0		1.00
			587,874	103,915			
500.00	Grand Total: Decreases		102,540,379	143,454,218			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2017 7:41 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,760,319	10,000	0	10,000	0	1.00
2.00	Land Improvements	64,215,912	2,146,284	0	2,146,284	133,571	2.00
3.00	Buildings and Fixtures	715,099,593	14,378,853	0	14,378,853	2,961,480	3.00
4.00	Building Improvements	9,508,702	717,883	0	717,883	0	4.00
5.00	Fixed Equipment	18,811,338	67,840	0	67,840	29,455	5.00
6.00	Movable Equipment	169,818,075	12,512,533	0	12,512,533	34,127,677	6.00
7.00	HIT designated Assets	33,598,892	3,531,794	0	3,531,794	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,017,812,831	33,365,187	0	33,365,187	37,252,183	8.00
9.00	Reconciling Items	-6,497,764	-6,909,601	0	-6,909,601	0	9.00
10.00	Total (line 8 minus line 9)	1,024,310,595	40,274,788	0	40,274,788	37,252,183	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,770,319	0				1.00
2.00	Land Improvements	66,228,625	5,276,789				2.00
3.00	Buildings and Fixtures	726,516,966	85,840,867				3.00
4.00	Building Improvements	10,226,585	719,517				4.00
5.00	Fixed Equipment	18,849,723	192,526				5.00
6.00	Movable Equipment	148,202,931	78,853,445				6.00
7.00	HIT designated Assets	37,130,686	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,013,925,835	170,883,144				8.00
9.00	Reconciling Items	-13,407,365	0				9.00
10.00	Total (line 8 minus line 9)	1,027,333,200	170,883,144				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	47,132,721	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	47,132,721	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	47,132,721				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	47,132,721				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	828,592,220	0	828,592,220	0.822995	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	185,333,615	7,124,196	178,209,419	0.177005	0	2.00
3.00	Total (sum of lines 1-2)	1,013,925,835	7,124,196	1,006,801,639	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,864,922	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	26,310,788	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	47,175,710	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	20,864,922	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	26,310,788	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	47,175,710	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/30/2017 7:41 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,470,294	CAP REL COSTS-BLDG & FIXT	1.00	9 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-313,757	COMMUNICATIONS	5.01	0 7.00
8.00	Television and radio service (chapter 21)	A	-4,568	OPERATION OF PLANT	7.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-3,292,503			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	5,313,644			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	A	-1,032,035	DIETARY	10.00	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	-1,173,933	OUTPATIENT PHARMACY	15.01	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
37.00 EKG NONPATIENT EXPENSE	A	-7,660	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37.00
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-129,437	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-6,150	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-31,678	OTHER A&G	5.07	0	37.06
37.09 CAPITAL COST NEW B&F	A	4,378,787	CAP REL COSTS-BLDG & FIXT	1.00	9	37.09
37.10 CAPITAL COST NEW M&E	A	46,238	CAP REL COSTS-MVBLE EQUIP	2.00	9	37.10
38.00 TELEMETRY	A	-140,580	ADULTS & PEDIATRICS	30.00	0	38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A	-46,901,265	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.36 CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT	1.00	9	38.36
38.38 CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT	1.00	9	38.38
39.02 LIQUOR EXPENSE	A	-3,901	OTHER A&G	5.07	0	39.02
39.03 LIQUOR EXPENSE	A	-2,411	DIETARY	10.00	0	39.03
39.07 TELEPHONE OFFSET	A	-38	CAP REL COSTS-BLDG & FIXT	1.00	9	39.07
39.08 TELEPHONE OFFSET	A	-353,219	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.08
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-3,472,686	DIETARY	10.00	0	39.09
40.02 OFFSET LAB SERVICES BILLED	B	-2,112,984	LABORATORY	60.00	0	40.02
40.03 OFFSET LAB SERVICES BILLED	B	-1,961,563	LABORATORY	60.00	0	40.03
40.04 OFFSET LAB SERVICES BILLED	B	-2,162,207	LABORATORY	60.00	0	40.04
40.06 LAB SERVICES BILLED	B	-4,487,431	LABORATORY	60.00	0	40.06
40.09 OFFSET OTHER OPERATING REVENUE	B	-451	PHARMACY	15.00	0	40.09
40.11 OFFSET LAB SERVICES BILLED NORTH HOS	B	-1,927,363	LABORATORY	60.00	0	40.11
40.12 OFFSET LAB SERVICES BILLED NORTH HOS	B	-25,433	CARDIAC CATH LAB	70.03	0	40.12
40.13 OFFSET LAB SERVICES BILLED AVIL	B	-155,146	LABORATORY	60.00	0	40.13
40.14 OFFSET LAB SERVICES BILLED LAGR	B	-983,496	LABORATORY	60.00	0	40.14
40.15 OFFSET OTHER OPERATING REVENUE	B	-6,071	SUBPROVIDER - IPF	40.00	0	40.15
40.16 OFFSET OTHER OPERATING REVENUE	B	-1,600	NEURO REHAB	68.01	0	40.16
41.07 VENDING MACHINES	A	-6,404	OPERATION OF PLANT	7.00	0	41.07
41.08 VENDING MACHINES	A	-12,066	CAP REL COSTS-BLDG & FIXT	1.00	9	41.08
41.09 VENDING MACHINES	A	-170	OTHER A&G	5.07	0	41.09
41.10 VENDING MACHINES	A	-320	OTHER A&G	5.07	0	41.10
42.00 INTERUNIT RENT INCOME OFFSET	B	-27,163	RADIOLOGY - PULM CLINIC	54.08	0	42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-86,397	OTHER A&G	5.07	0	43.00
44.00 FILM DUPLICATION	B	-2,843	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
44.01 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-247	REHAB ADMIN	17.01	0	44.01
44.02 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-9	RECOVERY ROOM	51.00	0	44.02
44.03 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-4,599	CAREW MEDICAL PARK SURG	50.01	0	44.03
46.01 INTEREST EXPENSE	A	-21,203	MED SURG SUPPLY	15.03	0	46.01
47.01 MEDICAL PARK 11	A	-569,552	MEDICAL OFFICE BUILDINGS	194.23	0	47.01
47.03 HOPD LIBERTY MILLS	A	-105,144	LABORATORY	60.00	0	47.03
47.04 HOPD LIBERTY MILLS	A	-105,144	RADIOLOGY-DIAGNOSTIC	54.00	0	47.04
48.04 OFFSET PULM REHAB REVENUE	B	-14,342	RESPIRATORY THERAPY	65.00	0	48.04
48.15 OFFSET PARK CENTER REVENUE	B	-17,754	SUBPROVIDER - IPF	40.00	0	48.15
49.07 GROSS UP BREAST DIAGNOSTIC EXP	A	-9,970	BREAST DIAGNOSTIC CTR	194.18	0	49.07
49.17 INDIANA SALES TAX DISCOUNT	B	-486,056	OTHER A&G	5.07	0	49.17
49.18 INDIANA SALES TAX DISCOUNT	B	-1,060	EMERGENCY	91.00	0	49.18
49.20 INTERUNIT RENT EXPENSE	A	-3,831	CLINIC	90.00	0	49.20
49.21 INTERUNIT RENT EXPENSE	A	-161,420	NEURO REHAB	68.01	0	49.21
49.22 INTERUNIT RENT EXPENSE	A	-556,025	ENDOSCOPY	65.03	0	49.22
49.23 INTERUNIT RENT EXPENSE	A	-66,415	ADULTS & PEDIATRICS	30.00	0	49.23
49.24 INTERUNIT RENT EXPENSE	A	-132,553	OUTPATIENT PHARMACY	15.01	0	49.24
49.26 INTERUNIT RENT EXPENSE	A	-243,150	RADIOLOGY-DIAGNOSTIC	54.00	0	49.26
49.27 INTERUNIT RENT EXPENSE	A	-1,011,761	CAREW MEDICAL PARK SURG	50.01	0	49.27
49.28 INTERUNIT RENT EXPENSE	A	-37,110	RADIOLOGY - NHMP	54.05	0	49.28
49.29 INTERUNIT RENT EXPENSE	A	-8,966	PHARMACY	15.00	0	49.29
49.30 INTERUNIT RENT EXPENSE	A	-97,442	LABORATORY	60.00	0	49.30
49.31 INTERUNIT RENT EXPENSE	A	-198,868	PHYSICAL THERAPY	66.00	0	49.31
49.33 INTERUNIT RENT EXPENSE	A	-334,973	HOME HEALTH AGENCY	101.00	0	49.33
49.34 COMMUNITY BENEFIT	A	-3,000	OTHER A&G	5.07	0	49.34
49.36 OFFSET ONCOLOGY RENT INCOME	B	-50,812	RADIOLOGY-THERAPEUTIC	55.00	0	49.36

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
			Cost Center			
	1.00	2.00	3.00		4.00	5.00
49.38 OFFSET NUTRITION CLASS REVENUE	B	-14	NUTRITION SUPPORT		70.01	0 49.38
49.43 INTERUNIT RENT EXPENSE	A	-803,424	RADIOLOGY-THERAPEUTIC		55.00	0 49.43
49.44 INTERUNIT RENT EXPENSE	A	-586,588	OTHER A&G		5.07	0 49.44
49.45 INTERUNIT RENT EXPENSE	A	-71,136	STUCKY RESEARCH CTR		194.06	0 49.45
49.46 INTERUNIT RENT EXPENSE	A	-222,970	MEDICAL OFFICE BUILDINGS		194.23	0 49.46
49.56 ONCOLOGY OTHER REVENUE	B	-16,883	RADIOLOGY-THERAPEUTIC		55.00	0 49.56
49.63 A&G OTHER REVENUE	B	-64,550	OTHER A&G		5.07	0 49.63
49.71 REMOVE PPG SUBSIDY	A	-134	SCHOOL NURSE/COMMUNITY OUTREACH		194.15	0 49.71
49.72 REMOVE PPG SUBSIDY	A	-368,400	AMBULANCE SERVICES		95.00	0 49.72
49.73 REMOVE PPG SUBSIDY	A	91,567	OCCUPATIONAL THERAPY		67.00	0 49.73
49.74 REMOVE PPG SUBSIDY	A	-2	HYPERBARIC OXYGEN THERAPY		76.98	0 49.74
49.75 REMOVE PPG SUBSIDY	A	-1	DELIVERY ROOM & LABOR ROOM		52.00	0 49.75
49.76 REMOVE PPG SUBSIDY	A	-1	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.76
49.77 REMOVE PPG SUBSIDY	A	-82	NEONATAL ICU		31.02	0 49.77
49.78 REMOVE PPG SUBSIDY	A	36,679	SUBPROVIDER - IPF		40.00	0 49.78
49.79 REMOVE PPG SUBSIDY	A	-96,593,012	OTHER A&G		5.07	0 49.79
49.80 REMOVE PPG SUBSIDY	A	-468	DIETARY		10.00	0 49.80
49.81 REMOVE PPG SUBSIDY	A	-31	PHARMACY		15.00	0 49.81
49.82 REMOVE PPG SUBSIDY	A	-1	SOCIAL SERVICE		17.00	0 49.82
49.83 REMOVE PPG SUBSIDY	A	-335	ADULTS & PEDIATRICS		30.00	0 49.83
49.84 REMOVE PPG SUBSIDY	A	-12	PEDIATRIC ICU		31.01	0 49.84
49.85 REMOVE PPG SUBSIDY	A	-1,069	OPERATING ROOM		50.00	0 49.85
49.86 REMOVE PPG SUBSIDY	A	-413	RADIOLOGY-DIAGNOSTIC		54.00	0 49.86
49.87 REMOVE PPG SUBSIDY	A	-421	RADIOLOGY - PULM CLINIC		54.08	0 49.87
49.88 REMOVE PPG SUBSIDY	A	-8,437	RADIOLOGY-THERAPEUTIC		55.00	0 49.88
49.89 REMOVE PPG SUBSIDY	A	-4,586	LABORATORY		60.00	0 49.89
49.90 REMOVE PPG SUBSIDY	A	-43	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0 49.90
49.91 REMOVE PPG SUBSIDY	A	-287	RESPIRATORY THERAPY		65.00	0 49.91
49.92 REMOVE PPG SUBSIDY	A	-2,067	ENDOSCOPY		65.03	0 49.92
49.93 REMOVE PPG SUBSIDY	A	-38	PHYSICAL THERAPY		66.00	0 49.93
49.94 REMOVE PPG SUBSIDY	A	-214	ELECTROENCEPHALOGRAPHY		70.00	0 49.94
49.95 REMOVE PPG SUBSIDY	A	-260	CLINIC		90.00	0 49.95
49.96 REMOVE PPG SUBSIDY	A	-196	EMERGENCY		91.00	0 49.96
49.97 REMOVE PPG SUBSIDY	A	-9,495	HOME HEALTH AGENCY		101.00	0 49.97
49.98 REMOVE PPG SUBSIDY	A	-3,426	STUCKY RESEARCH CTR		194.06	0 49.98
49.99 REMOVE PPG SUBSIDY	A	-18	MEDICAL OFFICE BUILDINGS		194.23	0 49.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-168,579,315				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 7:41 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	58,884	1.00
2.00	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	980,876	2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	2,400,087	3.00
4.00	0.00			0	4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	4,164,183	4.04
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	115,669,000	4.06
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	0	4.07
4.09	194.25	PREMIER SURGERY CENTER	HOME OFFICE COST REPORT	28,569	4.09
4.11	0.00			0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			123,301,599	5.00

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

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

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

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

6.00	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2017 7:41 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-58,884	9		1.00
2.00	-980,876	0		2.00
3.00	18,150	0		3.00
4.00	0	0		4.00
4.04	421,435	0		4.04
4.06	5,818,505	0		4.06
4.07	123,883	0		4.07
4.09	-28,569	0		4.09
4.11	0	0		4.11
5.00	5,313,644			5.00

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

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

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2017 7:41 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	70.03	AGGREGATE-CARDIAC CATH LAB	220,519	0	220,519	179,000	1,248	1.00
2.00	5.07	AGGREGATE-OTHER A&G	217,343	0	217,343	179,000	832	2.00
3.00	5.07	AGGREGATE-OTHER A&G	88,208	0	88,208	179,000	240	3.00
4.00	5.07	AGGREGATE-OTHER A&G	202,289	0	202,289	179,000	832	4.00
5.00	5.07	AGGREGATE-OTHER A&G	47,779	0	47,779	179,000	76	5.00
6.00	5.07	AGGREGATE-OTHER A&G	81,927	0	69,660	179,000	561	6.00
7.00	31.01	AGGREGATE-PEDIATRIC ICU	167,698	162,146	5,552	179,000	39	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	25,350	6,534	18,816	179,000	318	8.00
9.00	40.00	AGGREGATE-SUBPROVIDER - IPF	13,300	0	13,300	181,300	133	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	2,520	0	2,520	271,900	14	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	121,841	0	121,841	271,900	556	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	68,310	0	68,310	271,900	297	12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	4,944	0	4,944	179,000	44	13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	52,219	0	44,400	179,000	240	14.00
15.00	91.00	AGGREGATE-EMERGENCY	239,807	0	239,807	179,000	1,248	15.00
16.00	91.00	AGGREGATE-EMERGENCY	49,788	0	49,788	179,000	273	16.00
17.00	91.00	AGGREGATE-EMERGENCY	62,239	0	62,239	179,000	374	17.00
18.00	91.00	AGGREGATE-EMERGENCY	1,848,447	1,848,447	0	179,000	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	670,000	438,668	231,332	260,300	4,011	19.00
200.00			4,184,528	2,455,795	1,708,647		11,336	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	70.03	AGGREGATE-CARDIAC CATH LAB	107,400	5,370	0	0	0	1.00
2.00	5.07	AGGREGATE-OTHER A&G	71,600	3,580	0	0	0	2.00
3.00	5.07	AGGREGATE-OTHER A&G	20,654	1,033	0	0	0	3.00
4.00	5.07	AGGREGATE-OTHER A&G	71,600	3,580	0	0	0	4.00
5.00	5.07	AGGREGATE-OTHER A&G	6,540	327	0	0	0	5.00
6.00	5.07	AGGREGATE-OTHER A&G	48,278	2,414	0	0	0	6.00
7.00	31.01	AGGREGATE-PEDIATRIC ICU	3,356	168	0	0	0	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	27,366	1,368	0	0	0	8.00
9.00	40.00	AGGREGATE-SUBPROVIDER - IPF	11,593	580	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,830	92	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	72,681	3,634	0	0	0	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	38,824	1,941	0	0	0	12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	3,787	189	0	0	0	13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	20,654	1,033	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	107,400	5,370	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	23,494	1,175	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	32,186	1,609	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	501,953	25,098	0	0	0	19.00
200.00			1,171,196	58,561	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	70.03	AGGREGATE-CARDIAC CATH LAB	0	107,400	113,119	113,119	1.00
2.00	5.07	AGGREGATE-OTHER A&G	0	71,600	145,743	145,743	2.00
3.00	5.07	AGGREGATE-OTHER A&G	0	20,654	67,554	67,554	3.00
4.00	5.07	AGGREGATE-OTHER A&G	0	71,600	130,689	130,689	4.00
5.00	5.07	AGGREGATE-OTHER A&G	0	6,540	41,239	41,239	5.00
6.00	5.07	AGGREGATE-OTHER A&G	0	48,278	21,382	33,649	6.00
7.00	31.01	AGGREGATE-PEDIATRIC ICU	0	3,356	2,196	164,342	7.00
8.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	27,366	0	6,534	8.00
9.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	11,593	1,707	1,707	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	1,830	690	690	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	72,681	49,160	49,160	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	38,824	29,486	29,486		12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	3,787	1,157	1,157		13.00
14.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	0	20,654	23,746	31,565		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	107,400	132,407	132,407		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	23,494	26,294	26,294		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	32,186	30,053	30,053		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,848,447		18.00
19.00	60.00	AGGREGATE-LABORATORY	0	501,953	0	438,668		19.00
200.00			0	1,171,196	816,622	3,292,503		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	20,864,922	20,864,922			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,310,788		26,310,788		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,462,587	512,664	9,689	35,984,940	4.00
5.01 00540	COMMUNICATIONS	1,282,732	0	0	0	1,282,732 5.01
5.02 00550	DATA PROCESSING	0	154,621	0	0	253,310 5.02
5.03 00560	MATERIALS MANAGEMENT	0	99,764	0	0	21,922 5.03
5.04 00570	PATIENT SERVICES	2,057,190	132,472	11,540	218,844	72,704 5.04
5.05 00580	PATIENT ACCOUNTING	0	5,251	0	0	44,347 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	140,700,452	1,711,103	1,563,388	7,999,530	147,922 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,368	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	8,256,037	1,901,357	173,591	121,140	6,838 7.00
7.01 00701	FACILITY ENGINEERING	4,758,196	1,546,881	475,472	381,362	34,492 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	3,207,850	23,084	0	24,269	18,603 8.00
9.00 00900	HOUSEKEEPING	7,398,153	387,618	103,562	743,153	8,145 9.00
10.00 01000	DIETARY	416,823	718,647	670,069	311,910	11,162 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	7,639,826	0	0	409,217	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,423,749	57,314	31,554	247,713	2,615 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	202,755	0	0	8,950 14.00
15.00 01500	PHARMACY	9,152,474	219,782	2,014,896	1,149,386	22,425 15.00
15.01 01501	OUTPATIENT PHARMACY	14,362,675	67,862	3,527	107,942	201 15.01
15.02 01502	IV SOLUTIONS	2,629,650	0	81,364	86,368	0 15.02
15.03 01503	MED SURG SUPPLY	59,110,564	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	166,526	0	0	2,816 16.00
17.00 01700	SOCIAL SERVICE	5,090,391	91,788	11,257	457,552	9,855 17.00
17.01 01701	REHAB ADMIN	411,645	0	0	26,884	5,933 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,485,667	0	0	146	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	76,829	3,111	0	9,465	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	929,274	3,508	0	119,061	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	43,445,347	2,957,292	1,739,580	4,949,692	220,124 30.00
31.00 03100	INTENSIVE CARE UNIT	22,439,333	1,007,472	1,530,577	2,679,191	37,207 31.00
31.01 03101	PEDIATRIC ICU	1,331,304	72,434	95,601	129,080	2,816 31.01
31.02 03102	NEONATAL ICU	4,211,218	247,778	255,144	440,834	23,229 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	7,357,817	613,890	61,017	846,295	10,358 40.00
41.00 04100	SUBPROVIDER - IRF	2,587,810	258,782	9,733	314,287	14,078 41.00
43.00 04300	NURSERY	3,373,886	54,425	0	369,120	201 43.00
44.00 04400	SKILLED NURSING FACILITY	3,268,485	312,108	7,870	393,804	7,039 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,591,108	1,466,974	4,852,496	1,349,163	27,453 50.00
50.01 05001	CAREW MEDICAL PARK SURG	3,634,256	0	247,374	212,931	2,816 50.01
51.00 05100	RECOVERY ROOM	7,198,157	666,526	137,372	581,257	17,095 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	179,814	309,757	0	10,766	13,374 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,899,577	457,292	3,881,867	1,309,305	26,548 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	208,088	34,814	0	25,721	3,318 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	24,841	81,193	23,911	2,700	905 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	5,705,177	479,078	288,112	472,907	29,464 55.00
56.00 05600	RADIOISOTOPE	437,400	71,335	93,280	48,867	905 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	910,490	186,862	613,281	81,289	3,117 58.00
60.00 06000	LABORATORY	17,014,425	473,220	1,083,717	2,027,523	21,017 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,571,607	15,998	95,535	70,102	1,710 60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,351,030	0	0	195	603	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,564,442	161,194	376,572	587,840	10,760	65.00
65.02	06502	DIALYSIS	1,890,792	47,128	14,223	5,616	905	65.02
65.03	03330	ENDOSCOPY	4,502,941	346,360	1,010,162	338,511	2,212	65.03
66.00	06600	PHYSICAL THERAPY	4,910,688	234,271	45,182	617,416	2,816	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,622,614	15,951	0	328,869	201	67.00
68.00	06800	SPEECH PATHOLOGY	744,508	0	0	93,169	201	68.00
68.01	06801	NEURO REHAB	1,710,158	92,069	11,923	209,443	3,117	68.01
69.00	06900	ELECTROCARDIOLOGY	1,323,584	0	34,370	138,779	704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	534,075	17,237	43,764	59,705	201	70.00
70.01	03950	NUTRITION SUPPORT	857,041	0	616	93,927	1,810	70.01
70.03	03952	CARDIAC CATH LAB	5,641,962	350,348	1,261,248	494,028	26,346	70.03
70.04	03953	CARDIAC REHA SERVICES	228,723	35,562	32,200	25,716	2,615	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-7,660	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,481,333	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,938,391	41,713	29,740	93,712	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,054,733	18,489	71	93,689	1,710	90.00
90.01	09001	ANTI COAG CLINIC	1,918,535	38,965	2,022	135,123	2,011	90.01
91.00	09100	EMERGENCY	12,129,310	775,750	279,308	1,261,748	35,095	91.00
91.01	09101	PARTIAL HOSPITALIZATION	306,117	11,460	0	35,398	402	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,750,442	101,296	28,709	193,400	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,761,537	77,486	2,883,376	340,005	2,816	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,103,628	205,901	52,874	1,011,244	17,296	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,833,331	0	0	518,168	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	623,570,869	20,345,886	26,272,736	35,404,477	1,246,835	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,125	49,934	330	12	1,307	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	7,039	194.00
194.01	07951	TELEVISION	0	0	0	0	402	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	16,567	0	0	1,878	704	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	986,874	187,962	2,792	13,047	201	194.05
194.06	07956	STUCKY RESEARCH CTR	3,594,099	13,226	13,927	355,305	402	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	12,212	45,116	0	2	3,318	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,693,446	0	0	8,343	0	194.12
194.13	07963	HUNTINGTON ARC	132	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	343,447	54,682	157	11,197	402	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,298,036	4,303	4,527	132,626	1,106	194.15
194.16	07966	FITNESS	181,237	11,835	0	20,959	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-8,026	43,970	0	0	1,307	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	118	104,687	3,482	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	47,491	3,321	12,837	27,371	402	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,821,685	0	0	0	19,307	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	112,420	0	0	9,723	0	194.28
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	635,671,732	20,864,922	26,310,788	35,984,940	1,282,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	407,931					5.02
5.03	00560	MATERIALS MANAGEMENT	0	121,686				5.03
5.04	00570	PATIENT SERVICES	2,823	143	2,495,716			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	49,598		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	8,509	1,198	0	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,473	177	0	0	0	7.00
7.01	00701	FACILITY ENGINEERING	6,709	655	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,473	776	0	0	0	8.00
9.00	00900	HOUSEKEEPING	23,440	1,121	0	0	0	9.00
10.00	01000	DIETARY	20,495	1,032	0	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,964	59	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	12,477	669	0	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	1,186	74	0	0	0	15.01
15.02	01502	I V SOLUTIONS	1,677	429	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	73,063	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,277	13	0	0	0	17.00
17.01	01701	REHAB ADMIN	368	1	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,126	4,772	354,389	4,297	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,999	2,546	154,470	1,595	0	31.00
31.01	03101	PEDIATRIC ICU	1,432	53	6,011	62	0	31.01
31.02	03102	NEONATAL ICU	5,891	435	43,728	452	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	14,359	278	44,979	465	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,909	126	15,233	157	0	41.00
43.00	04300	NURSERY	0	0	8,220	85	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,709	227	13,283	137	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,049	6,019	365,208	6,126	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	736	732	434	786	0	50.01
51.00	05100	RECOVERY ROOM	4,868	384	42,944	1,315	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,432	28	5,546	57	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,958	4,641	224,185	7,570	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	491	2	13	20	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	41	5	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,050	145	3,916	1,293	0	55.00
56.00	05600	RADIOISOTOPE	532	44	4,049	72	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	859	55	19,384	403	0	58.00
60.00	06000	LABORATORY	32,440	12,812	157,299	3,548	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,186	786	7,861	157	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1	17,239	208	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,041	290	51,908	596	0	65.00
65.02	06502	DIALYSIS	205	23	7,967	88	0	65.02
65.03	03330	ENDOSCOPY	4,459	1,147	31,302	1,522	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
66.00	06600	PHYSICAL THERAPY	11,495	95	25,792	341	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	573	6	21,779	230	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,985	76	0	68.00
68.01	06801	NEURO REHAB	1,800	46	4	138	0	68.01
69.00	06900	ELECTROCARDIOLOGY	982	195	12,915	506	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	327	45	5,068	88	0	70.00
70.01	03950	NUTRITION SUPPORT	1,432	171	515	7	0	70.01
70.03	03952	CARDIAC CATH LAB	4,663	640	111,088	2,329	0	70.03
70.04	03953	CARDIAC REHA SERVICES	286	28	1	24	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	137,148	2,309	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	90,242	1,151	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	152,450	2,604	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	242,247	4,207	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,186	70	9,813	234	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	44	270	9	0	90.00
90.01	09001	ANTI COAG CLINIC	900	435	23	57	0	90.01
91.00	09100	EMERGENCY	18,368	2,053	98,629	3,136	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	245	9	1	33	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,659	116	1,178	236	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,073	1,261	0	350	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	19,431	1,097	0	305	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	217	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	403,063	121,272	2,495,716	49,598	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	123	27	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	2,250	151	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	286	68	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	286	15	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,473	49	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	4	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	450	99	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	1	0	0	0	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	407,931	121,686	2,495,716	49,598	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	152,132,102	152,132,102				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,368	430	1,798			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	10,460,613	3,291,139	0	0	13,751,752	7.00
7.01	00701	FACILITY ENGINEERING	7,203,767	2,266,464	0	0	1,301,352	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,276,055	1,030,719	0	0	19,420	8.00
9.00	00900	HOUSEKEEPING	8,665,192	2,726,260	0	0	326,093	9.00
10.00	01000	DIETARY	2,150,138	676,481	0	0	604,580	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	8,049,043	2,532,406	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,764,968	869,920	0	0	48,216	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	211,705	66,607	0	0	170,573	14.00
15.00	01500	PHARMACY	12,572,109	3,955,462	0	0	184,897	15.00
15.01	01501	OUTPATIENT PHARMACY	14,543,467	4,575,695	0	0	57,090	15.01
15.02	01502	IV SOLUTIONS	2,799,488	880,781	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	59,183,627	18,620,364	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	169,342	53,279	0	0	140,094	16.00
17.00	01700	SOCIAL SERVICE	5,666,133	1,782,690	0	0	77,219	17.00
17.01	01701	REHAB ADMIN	444,831	139,954	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,485,813	1,096,713	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	89,405	28,129	0	0	2,617	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	1,051,843	330,933	0	0	2,951	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,751,619	16,911,442	0	0	2,487,900	30.00
31.00	03100	INTENSIVE CARE UNIT	27,888,390	8,774,301	0	0	847,561	31.00
31.01	03101	PEDIATRIC ICU	1,638,793	515,600	0	0	60,937	31.01
31.02	03102	NEONATAL ICU	5,228,709	1,645,067	0	0	208,449	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	8,949,458	2,815,696	0	0	516,450	40.00
41.00	04100	SUBPROVIDER - IRF	3,205,115	1,008,400	0	0	217,707	41.00
43.00	04300	NURSERY	3,805,937	1,197,432	0	0	45,786	43.00
44.00	04400	SKILLED NURSING FACILITY	4,009,662	1,261,528	0	0	262,569	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,686,596	7,766,946	0	0	1,234,129	50.00
50.01	05001	CAREW MEDICAL PARK SURG	4,100,065	1,289,971	1,798	0	0	50.01
51.00	05100	RECOVERY ROOM	8,649,918	2,721,455	0	0	560,731	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	520,774	163,847	0	0	260,591	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,828,943	6,238,622	0	0	384,708	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	272,467	85,724	0	0	29,288	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	133,596	42,032	0	0	68,306	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,984,142	2,197,365	0	0	403,037	55.00
56.00	05600	RADIOISOTOPE	656,484	206,544	0	0	60,012	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,815,740	571,272	0	0	157,203	58.00
60.00	06000	LABORATORY	20,826,001	6,552,318	0	0	398,108	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,764,942	555,290	0	0	13,458	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,369,276	1,060,048	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,762,643	1,813,054	0	0	135,608	65.00
65.02	06502	DIALYSIS	1,966,947	618,845	0	0	39,647	65.02
65.03	03330	ENDOSCOPY	6,238,616	1,962,806	0	0	291,384	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	5,848,096	1,839,940	0	0	197,086	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,990,223	940,790	0	0	13,419	67.00
68.00	06800	SPEECH PATHOLOGY	844,939	265,836	0	0	0	68.00
68.01	06801	NEURO REHAB	2,028,698	638,273	0	0	77,455	68.01
69.00	06900	ELECTROCARDIOLOGY	1,512,035	475,719	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	660,510	207,811	0	0	14,501	70.00
70.01	03950	NUTRITION SUPPORT	955,519	300,627	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	7,892,652	2,483,202	0	0	294,739	70.03
70.04	03953	CARDIAC REHA SERVICES	325,155	102,301	0	0	29,918	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,797	41,466	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	91,393	28,754	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,054	48,783	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,727,787	11,240,748	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,114,859	665,381	0	0	35,092	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,169,015	367,798	0	0	15,554	90.00
90.01	09001	ANTI COAG CLINIC	2,098,071	660,099	0	0	32,780	90.01
91.00	09100	EMERGENCY	14,603,397	4,594,550	0	0	652,619	91.00
91.01	09101	PARTIAL HOSPITALIZATION	353,665	111,271	0	0	9,641	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,078,036	653,796	0	0	85,217	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,071,904	3,168,843	0	0	65,187	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	11,411,776	3,590,396	0	0	173,219	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	8,351,716	2,627,634	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	622,392,139	147,954,049	1,798	0	13,315,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,708	16,583	0	0	42,009	190.00
194.00	07950	NON ALLOWABLE	7,039	2,215	0	0	0	194.00
194.01	07951	TELEVISION	402	126	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	19,149	6,025	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,191,026	374,723	0	0	158,128	194.05
194.06	07956	STUCKY RESEARCH CTR	3,979,360	1,251,994	0	0	11,127	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	60,648	19,081	0	0	37,955	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,702,143	535,532	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	132	42	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	410,186	129,054	0	0	46,003	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,442,120	768,345	0	0	3,620	194.15
194.16	07966	FITNESS	214,031	67,339	0	0	9,956	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	37,255	11,721	0	0	36,991	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	108,287	34,069	0	0	88,071	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	91,971	28,936	0	0	2,794	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,840,992	893,839	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	122,144	38,429	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	635,671,732	152,132,102	1,798	0	13,751,752	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	10,771,583					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	16,802	4,342,996				8.00
9.00	00900	HOUSEKEEPING	282,123	0	11,999,668			9.00
10.00	01000	DIETARY	523,058	0	599,325	4,553,582		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10,581,449	10.01
10.02	01002	CAFETERIA	0	0	0	1,394,221	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	81,487	272,919	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,715	0	47,797	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	147,573	0	169,090	0	0	14.00
15.00	01500	PHARMACY	159,965	0	183,290	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	49,392	0	56,594	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	121,204	0	138,877	0	0	16.00
17.00	01700	SOCIAL SERVICE	66,807	0	76,548	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,264	0	2,594	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	2,553	0	2,926	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,152,426	1,738,935	2,466,270	1,575,770	5,277,631	30.00
31.00	03100	INTENSIVE CARE UNIT	733,275	825,169	840,194	516,379	1,729,474	31.00
31.01	03101	PEDIATRIC ICU	52,720	0	60,407	13,865	46,437	31.01
31.02	03102	NEONATAL ICU	180,342	35,613	206,637	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	446,812	112,918	511,961	611,261	2,047,257	40.00
41.00	04100	SUBPROVIDER - IRF	188,351	45,601	215,815	123,471	413,534	41.00
43.00	04300	NURSERY	39,613	0	45,388	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	227,164	105,101	260,286	237,128	794,197	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,067,718	0	1,223,401	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	485,122	18,675	555,857	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,453	0	258,326	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	332,834	142,450	381,364	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	25,339	0	29,033	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	59,095	0	67,712	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	348,691	0	399,533	0	0	55.00
56.00	05600	RADIOISOTOPE	51,920	0	59,491	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	136,005	151,571	155,836	0	0	58.00
60.00	06000	LABORATORY	344,427	434	394,647	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	11,644	0	13,342	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	117,323	6,949	134,429	0	0	65.00
65.02	06502	DIALYSIS	34,301	20,412	39,303	0	0	65.02
65.03	03330	ENDOSCOPY	252,094	47,339	288,852	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	170,511	0	195,373	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	11,610	0	13,303	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	67,011	11,726	76,782	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,546	0	14,375	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	254,996	157,216	292,177	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	25,884	0	29,658	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	30,361	12,595	34,787	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,457	0	15,419	0	0	90.00
90.01	09001 ANTI COAG CLINIC	28,360	434	32,496	0	0	90.01
91.00	09100 EMERGENCY	564,620	909,858	646,946	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	8,341	0	9,558	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	73,727	0	84,477	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	56,397	0	64,621	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	149,862	0	171,713	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,393,808	4,342,996	11,566,810	4,553,582	10,581,449	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,344	0	41,643	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	136,806	0	156,753	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	9,627	0	11,030	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	32,837	0	37,625	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	39,800	0	45,603	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	3,132	0	3,589	0	0	194.15
194.16	07966 FITNESS	8,614	0	9,870	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	32,003	0	36,670	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	76,195	0	87,305	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	2,417	0	2,770	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,771,583	4,342,996	11,999,668	4,553,582	10,581,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	1,394,221					10.02
10.03	01003	PREADMITS AND ER	43,487	397,893				10.03
11.00	01100	CAFETERIA	1,350,734	0	1,350,734			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	9,001	0	3,781,617	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	56,656	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	5,824	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	7,413	0	36,312	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	24,357	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	1,588	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	397,893	325,641	0	1,595,126	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	164,672	0	806,641	31.00
31.01	03101	PEDIATRIC ICU	0	0	6,354	0	31,124	31.01
31.02	03102	NEONATAL ICU	0	0	25,416	0	124,498	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	60,892	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	22,768	0	0	41.00
43.00	04300	NURSERY	0	0	20,650	0	101,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	29,652	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	98,486	0	402,024	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	27,004	0	132,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,942	0	38,906	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	69,363	0	25,937	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,413	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,118	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,706	0	0	58.00
60.00	06000	LABORATORY	0	0	61,951	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	5,295	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	41,300	0	0	65.00
65.02	06502	DIALYSIS	0	0	529	0	2,594	65.02
65.03	03330	ENDOSCOPY	0	0	21,180	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600 PHYSICAL THERAPY	0	0	56,656	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	1,588	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	11,649	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	4,765	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,588	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	6,883	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	23,827	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	1,588	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	5,295	0	25,937	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	6,354	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	18,156	90.01
91.00	09100 EMERGENCY	0	0	84,719	0	391,649	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	2,118	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	22,239	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,394,221	397,893	1,336,440	0	3,732,337	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	529	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	529	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	529	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	10,060	0	49,280	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	2,118	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	529	0	0	194.28
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,394,221	397,893	1,350,734	0	3,781,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	765,548				14.00
15.00	01500	PHARMACY	0	17,112,379			15.00
15.01	01501	OUTPATIENT PHARMACY	0	5,009,283	24,297,345		15.01
15.02	01502	IV SOLUTIONS	0	0	0	3,723,994	15.02
15.03	01503	MED SURG SUPPLY	708,636	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	1	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,834	4,791	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	149	438	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	83	0	0	31.01
31.02	03102	NEONATAL ICU	165	12	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	11	46	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	8	8	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	19	48	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,391	939	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	178	692	0	0	50.01
51.00	05100	RECOVERY ROOM	2	146	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72	1,403	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2	614	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2	0	0	58.00
60.00	06000	LABORATORY	16	2,938	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	333	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,980	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	602	438	0	0	65.00
65.02	06502	DIALYSIS	0	4	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	73	143	0	0	65.03
66.00	06600	PHYSICAL THERAPY	93	765	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	579	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	43	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	78	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	2	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	45,568,729	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	3,723,994	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,943,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,485,633	24,297,345	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2	1,016	0	0	90.01
91.00	09100	EMERGENCY	211	787	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7	3	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	69	2,888	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	594,618	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	765,546	17,110,752	24,297,345	3,723,994	78,512,627
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	31	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	1,216	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	12	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	1	368	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	1	0	0	0	194.28
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	765,548	17,112,379	24,297,345	3,723,994	78,512,627

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	622,796					16.00
17.00	01700	SOCIAL SERVICE	0	7,693,754				17.00
17.01	01701	REHAB ADMIN	0	0	586,374			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,219	3,365,345	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,770	1,683,057	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	148	480,763	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	148	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	26,739	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	114,926	0	0	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	20,580	0	0	0	0	50.01
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	202,852	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	885	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,918	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,843	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,114	0	0	0	0	65.00
65.02	06502	DIALYSIS	295	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	61,299	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	5,901	0	203,881	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	177,144	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	177,144	0	68.00
68.01	06801	NEURO REHAB	0	0	1,466	0	68.01
69.00	06900	ELECTROCARDIOLOGY	13,499	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	85,125	240,766	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,180	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	295	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	295	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2,508	0	0	0	90.01
91.00	09100	EMERGENCY	0	1,683,057	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,623	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,434	240,766	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	12,761	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	26,334	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	612,690	7,693,754	586,374	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	10,106	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	622,796	7,693,754	586,374	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,582,526					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			125,009			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					1,391,206	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,643,660	0	0	0	551	30.00
31.00 03100 INTENSIVE CARE UNIT	691,045	0	0	0	50	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	10	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	1	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	5	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	1	41.00
43.00 04300 NURSERY	281,825	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	5	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	334,066	0	0	0	108	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	80	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	17	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	67,821	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	161	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	71	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	125,009	0	338	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	38	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	228	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
65.00	06500	RESPIRATORY THERAPY	2,750	0	0	0	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	117	90.01
91.00	09100	EMERGENCY	561,359	0	0	0	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	332	95.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	68,349	101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,582,526	0	125,009	0	0	1,391,019	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	4	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	140	194.15
194.16	07966	FITNESS	0	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	1	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	42	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
202.00 TOTAL (sum lines 118-201)	4,582,526	0	125,009	0	1,391,206	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,727,053	-2,643,660	92,083,393	30.00
31.00	03100	INTENSIVE CARE UNIT	45,502,565	-691,045	44,811,520	31.00
31.01	03101	PEDIATRIC ICU	2,907,241	0	2,907,241	31.01
31.02	03102	NEONATAL ICU	7,654,909	0	7,654,909	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	16,072,915	0	16,072,915	40.00
41.00	04100	SUBPROVIDER - I RF	5,467,518	0	5,467,518	41.00
43.00	04300	NURSERY	5,537,785	-281,825	5,255,960	43.00
44.00	04400	SKILLED NURSING FACILITY	7,187,359	0	7,187,359	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,979,730	-334,066	36,645,664	50.00
50.01	05001	CAREW MEDICAL PARK SURG	5,413,364	0	5,413,364	50.01
51.00	05100	RECOVERY ROOM	13,151,206	0	13,151,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,543,660	-67,821	1,475,839	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,608,709	0	27,608,709	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	442,736	0	442,736	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	370,741	0	370,741	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,340,868	0	10,340,868	55.00
56.00	05600	RADIOISOTOPE	1,038,487	0	1,038,487	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,002,178	0	3,002,178	58.00
60.00	06000	LABORATORY	28,706,187	0	28,706,187	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,364,342	0	2,364,342	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,431,532	0	4,431,532	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	8,023,260	-2,750	8,020,510	65.00
65.02	06502	DIALYSIS	2,722,877	0	2,722,877	65.02
65.03	03330	ENDOSCOPY	9,163,802	0	9,163,802	65.03
66.00	06600	PHYSICAL THERAPY	8,518,390	0	8,518,390	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,148,077	0	4,148,077	67.00
68.00	06800	SPEECH PATHOLOGY	1,287,919	0	1,287,919	68.00
68.01	06801	NEURO REHAB	2,913,706	0	2,913,706	68.01
69.00	06900	ELECTROCARDIOLOGY	2,006,018	0	2,006,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,069	0	912,069	70.00
70.01	03950	NUTRITION SUPPORT	1,263,077	0	1,263,077	70.01
70.03	03952	CARDIAC CATH LAB	11,724,787	0	11,724,787	70.03
70.04	03953	CARDIAC REHA SERVICES	515,686	0	515,686	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,741,992	0	45,741,992	71.00
71.01	07101	COST OF SOLUTIONS	3,844,141	0	3,844,141	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,147,735	0	33,147,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,071,745	0	84,071,745	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,924,606	0	2,924,606	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,587,892	0	1,587,892	90.00
90.01	09001	ANTI COAG CLINIC	2,874,039	0	2,874,039	90.01
91.00	09100	EMERGENCY	24,693,862	-561,359	24,132,503	91.00
91.01	09101	PARTIAL HOSPITALIZATION	496,217	0	496,217	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,227,463	0	3,227,463	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,465,241	0	13,465,241	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	16,186,267	0	16,186,267	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	10,979,350	0	10,979,350	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	616,891,303	-4,582,526	612,308,777	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	189,287	0	189,287	190.00
194.00	07950	NON ALLOWABLE	9,254	0	9,254	194.00
194.01	07951	TELEVISION	528	0	528	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	25,174	0	25,174	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	2,017,965	0	2,017,965	194.05
194.06	07956	STUCKY RESEARCH CTR	5,263,702	0	5,263,702	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	188,146	0	188,146	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	2,237,675	0	2,237,675	194.12
194.13	07963	HUNTINGTON ARC	174	0	174	194.13
194.14	07964	SENIOR HEALTH SERVICES	671,175	0	671,175	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,281,502	0	3,281,502	194.15
194.16	07966	FITNESS	309,810	0	309,810	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	154,653	0	154,653	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	393,927	0	393,927	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	131,417	0	131,417	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	3,744,937	0	3,744,937	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	161,103	0	161,103	194.28
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	635,671,732	-4,582,526	631,089,206		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	512,664	9,689	522,353	4.00
5.01 00540	COMMUNICATIONS	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	154,621	0	154,621	5.02
5.03 00560	MATERIALS MANAGEMENT	0	99,764	0	99,764	5.03
5.04 00570	PATIENT SERVICES	0	132,472	11,540	144,012	5.04
5.05 00580	PATIENT ACCOUNTING	0	5,251	0	5,251	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	12,452,411	1,711,103	1,563,388	15,726,902	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,368	0	1,368	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,901,357	173,591	2,074,948	7.00
7.01 00701	FACILITY ENGINEERING	0	1,546,881	475,472	2,022,353	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,084	0	23,084	8.00
9.00 00900	HOUSEKEEPING	0	387,618	103,562	491,180	9.00
10.00 01000	DIETARY	0	718,647	670,069	1,388,716	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	57,314	31,554	88,868	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	202,755	0	202,755	14.00
15.00 01500	PHARMACY	0	219,782	2,014,896	2,234,678	15.00
15.01 01501	OUTPATIENT PHARMACY	0	67,862	3,527	71,389	15.01
15.02 01502	IV SOLUTIONS	0	0	81,364	81,364	15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	166,526	0	166,526	16.00
17.00 01700	SOCIAL SERVICE	0	91,788	11,257	103,045	17.00
17.01 01701	REHAB ADMIN	0	0	0	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,111	0	3,111	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	0	3,508	0	3,508	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,957,292	1,739,580	4,696,872	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,007,472	1,530,577	2,538,049	31.00
31.01 03101	PEDIATRIC ICU	0	72,434	95,601	168,035	31.01
31.02 03102	NEONATAL ICU	0	247,778	255,144	502,922	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	0	613,890	61,017	674,907	40.00
41.00 04100	SUBPROVIDER - I RF	0	258,782	9,733	268,515	41.00
43.00 04300	NURSERY	0	54,425	0	54,425	43.00
44.00 04400	SKILLED NURSING FACILITY	0	312,108	7,870	319,978	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,466,974	4,852,496	6,319,470	50.00
50.01 05001	CAREW MEDICAL PARK SURG	0	0	247,374	247,374	50.01
51.00 05100	RECOVERY ROOM	0	666,526	137,372	803,898	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	309,757	0	309,757	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	457,292	3,881,867	4,339,159	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	34,814	0	34,814	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	81,193	23,911	105,104	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	479,078	288,112	767,190	55.00
56.00 05600	RADIOISOTOPE	0	71,335	93,280	164,615	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	186,862	613,281	800,143	58.00
60.00 06000	LABORATORY	0	473,220	1,083,717	1,556,937	60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	15,998	95,535	111,533	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	161,194	376,572	537,766	8,533	65.00
65.02 06502 DIALYSIS	0	47,128	14,223	61,351	82	65.02
65.03 03330 ENDOSCOPY	0	346,360	1,010,162	1,356,522	4,914	65.03
66.00 06600 PHYSICAL THERAPY	0	234,271	45,182	279,453	8,962	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	15,951	0	15,951	4,774	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,352	68.00
68.01 06801 NEURO REHAB	0	92,069	11,923	103,992	3,040	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	34,370	34,370	2,015	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	17,237	43,764	61,001	867	70.00
70.01 03950 NUTRITION SUPPORT	0	0	616	616	1,363	70.01
70.03 03952 CARDIAC CATH LAB	0	350,348	1,261,248	1,611,596	7,171	70.03
70.04 03953 CARDIAC REHA SERVICES	0	35,562	32,200	67,762	373	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	41,713	29,740	71,453	1,360	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	18,489	71	18,560	1,360	90.00
90.01 09001 ANTI COAG CLINIC	0	38,965	2,022	40,987	1,961	90.01
91.00 09100 EMERGENCY	0	775,750	279,308	1,055,058	18,315	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	11,460	0	11,460	514	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	101,296	28,709	130,005	2,807	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	77,486	2,883,376	2,960,862	4,936	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	205,901	52,874	258,775	14,679	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	7,522	116.00
118.00		12,452,411	20,345,886	26,272,736	59,071,033	513,928
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,934	330	50,264	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	27	194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	187,962	2,792	190,754	189	194.05
194.06 07956 STUCKY RESEARCH CTR	0	13,226	13,927	27,153	5,158	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	45,116	0	45,116	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	121	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	54,682	157	54,839	163	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	4,303	4,527	8,830	1,925	194.15
194.16 07966 FITNESS	0	11,835	0	11,835	304	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	43,970	0	43,970	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	104,687	3,482	108,169	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	3,321	12,837	16,158	397	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	141	194.28

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,452,411	20,864,922	26,310,788	59,628,121	522,353	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	154,621				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	99,764			5.03
5.04	00570	PATIENT SERVICES	0	1,070	117	148,376		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	5,251	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	3,225	982	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	558	145	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	2,543	537	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	558	636	0	0	8.00
9.00	00900	HOUSEKEEPING	0	8,885	919	0	0	9.00
10.00	01000	DIETARY	0	7,768	846	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	744	49	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,729	548	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	450	61	0	0	15.01
15.02	01502	IV SOLUTIONS	0	636	352	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	59,910	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,000	11	0	0	17.00
17.01	01701	REHAB ADMIN	0	140	1	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	28,850	3,911	21,100	506	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,645	2,087	9,197	188	31.00
31.01	03101	PEDIATRIC ICU	0	543	44	358	7	31.01
31.02	03102	NEONATAL ICU	0	2,233	356	2,603	53	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	5,442	228	2,678	55	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,861	103	907	19	41.00
43.00	04300	NURSERY	0	0	0	489	10	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,543	186	791	16	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,357	4,933	21,528	721	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	279	600	26	92	50.01
51.00	05100	RECOVERY ROOM	0	1,845	314	2,557	155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	543	23	330	7	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,807	3,804	13,348	306	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	186	1	1	2	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	16	4	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,535	119	233	152	55.00
56.00	05600	RADIOISOTOPE	0	202	36	241	8	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	326	45	1,154	47	58.00
60.00	06000	LABORATORY	0	12,296	10,501	9,365	417	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	450	644	468	18	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1	1,026	25	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,427	238	3,091	70	65.00
65.02	06502	DIALYSIS	0	78	19	474	10	65.02
65.03	03330	ENDOSCOPY	0	1,690	940	1,864	179	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	0	4,357	78	1,536	40	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	217	5	1,297	27	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	416	9	68.00
68.01	06801	NEURO REHAB	0	682	38	0	16	68.01
69.00	06900	ELECTROCARDIOLOGY	0	372	160	769	60	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	124	37	302	10	70.00
70.01	03950	NUTRITION SUPPORT	0	543	141	31	1	70.01
70.03	03952	CARDIAC CATH LAB	0	1,768	524	6,614	274	70.03
70.04	03953	CARDIAC REHA SERVICES	0	109	23	0	3	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,166	272	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	5,373	135	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,077	306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,423	495	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	450	57	584	28	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	36	16	1	90.00
90.01	09001	ANTI COAG CLINIC	0	341	357	1	7	90.01
91.00	09100	EMERGENCY	0	6,962	1,683	5,872	369	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	93	8	0	4	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,008	95	70	28	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,923	1,033	0	41	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	7,365	899	0	36	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	26	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	152,774	99,425	148,376	5,251	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	47	22	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	853	124	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	109	55	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	109	12	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	558	40	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	3	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	171	82	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	1	0	0	194.28
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	154,621	99,764	148,376	5,251	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	15,847,230				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	45	1,413			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	342,826	0	0	2,420,235	7.00
7.01	00701	FACILITY ENGINEERING	0	236,089	0	0	229,031	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	107,366	0	0	3,418	8.00
9.00	00900	HOUSEKEEPING	0	283,984	0	0	57,391	9.00
10.00	01000	DIETARY	0	70,466	0	0	106,403	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	263,791	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	90,616	0	0	8,486	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,938	0	0	30,020	14.00
15.00	01500	PHARMACY	0	412,026	0	0	32,541	15.00
15.01	01501	OUTPATIENT PHARMACY	0	476,633	0	0	10,048	15.01
15.02	01502	IV SOLUTIONS	0	91,748	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	1,939,812	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,550	0	0	24,656	16.00
17.00	01700	SOCIAL SERVICE	0	185,696	0	0	13,590	17.00
17.01	01701	REHAB ADMIN	0	14,578	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	114,241	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	2,930	0	0	461	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	34,472	0	0	519	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,761,602	0	0	437,854	30.00
31.00	03100	INTENSIVE CARE UNIT	0	913,986	0	0	149,166	31.00
31.01	03101	PEDIATRIC ICU	0	53,708	0	0	10,725	31.01
31.02	03102	NEONATAL ICU	0	171,360	0	0	36,686	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	293,301	0	0	90,892	40.00
41.00	04100	SUBPROVIDER - IRF	0	105,041	0	0	38,315	41.00
43.00	04300	NURSERY	0	124,732	0	0	8,058	43.00
44.00	04400	SKILLED NURSING FACILITY	0	131,409	0	0	46,211	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	809,054	0	0	217,200	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	134,371	1,413	0	0	50.01
51.00	05100	RECOVERY ROOM	0	283,484	0	0	98,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,067	0	0	45,863	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	649,854	0	0	67,707	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	8,930	0	0	5,155	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	4,378	0	0	12,021	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	228,891	0	0	70,932	55.00
56.00	05600	RADIOISOTOPE	0	21,515	0	0	10,562	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,507	0	0	27,667	58.00
60.00	06000	LABORATORY	0	682,531	0	0	70,065	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	57,842	0	0	2,369	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	110,421	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	188,859	0	0	23,866	65.00
65.02	06502	DIALYSIS	0	64,463	0	0	6,978	65.02
65.03	03330	ENDOSCOPY	0	204,458	0	0	51,282	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.06	5.07	5.08	6.00	7.00	
66.00	06600 PHYSICAL THERAPY	0	191,660	0	0	34,686	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	97,999	0	0	2,362	67.00
68.00	06800 SPEECH PATHOLOGY	0	27,691	0	0	0	68.00
68.01	06801 NEURO REHAB	0	66,487	0	0	13,632	68.01
69.00	06900 ELECTROCARDIOLOGY	0	49,554	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	21,647	0	0	2,552	70.00
70.01	03950 NUTRITION SUPPORT	0	31,315	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	258,666	0	0	51,873	70.03
70.04	03953 CARDIAC REHA SERVICES	0	10,656	0	0	5,265	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,319	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	2,995	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,082	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,170,907	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	69,310	0	0	6,176	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	38,312	0	0	2,737	90.00
90.01	09001 ANTI COAG CLINIC	0	68,760	0	0	5,769	90.01
91.00	09100 EMERGENCY	0	478,597	0	0	114,857	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	11,591	0	0	1,697	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	68,103	0	0	14,998	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	330,087	0	0	11,473	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	373,998	0	0	30,486	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	273,711	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	15,412,018	1,413	0	2,343,387	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,727	0	0	7,393	190.00
194.00	07950 NON ALLOWABLE	0	231	0	0	0	194.00
194.01	07951 TELEVISION	0	13	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	628	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	39,033	0	0	27,830	194.05
194.06	07956 STUCKY RESEARCH CTR	0	130,416	0	0	1,958	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	1,988	0	0	6,680	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	55,784	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	4	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	13,443	0	0	8,096	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	80,036	0	0	637	194.15
194.16	07966 FITNESS	0	7,014	0	0	1,752	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	1,221	0	0	6,510	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	3,549	0	0	15,500	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	3,014	0	0	492	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	93,108	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	4,003	0	0	0	194.28
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	15,847,230	1,413	0	2,420,235	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	2,496,089					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,893	139,307				8.00
9.00	00900	HOUSEKEEPING	65,376	0	918,523			9.00
10.00	01000	DIETARY	121,208	0	45,876	1,745,811		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	269,731	10.01
10.02	01002	CAFETERIA	0	0	0	534,534	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	31,241	6,957	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,667	0	3,659	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,197	0	12,943	0	0	14.00
15.00	01500	PHARMACY	37,069	0	14,030	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	11,446	0	4,332	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	28,086	0	10,630	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,481	0	5,859	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	525	0	199	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	592	0	224	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	498,782	55,779	188,784	604,140	134,532	30.00
31.00	03100	INTENSIVE CARE UNIT	169,921	26,468	64,313	197,976	44,086	31.00
31.01	03101	PEDIATRIC ICU	12,217	0	4,624	5,316	1,184	31.01
31.02	03102	NEONATAL ICU	41,790	1,142	15,817	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	103,539	3,622	39,188	234,353	52,186	40.00
41.00	04100	SUBPROVIDER - IRF	43,646	1,463	16,520	47,338	10,541	41.00
43.00	04300	NURSERY	9,179	0	3,474	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	52,640	3,371	19,924	90,913	20,245	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	247,421	0	93,646	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	112,417	599	42,548	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,244	0	19,774	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,127	4,569	29,192	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	5,872	0	2,222	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	13,694	0	5,183	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	80,802	0	30,583	0	0	55.00
56.00	05600	RADIOISOTOPE	12,031	0	4,554	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31,516	4,862	11,929	0	0	58.00
60.00	06000	LABORATORY	79,814	14	30,209	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,698	0	1,021	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,187	223	10,290	0	0	65.00
65.02	06502	DIALYSIS	7,949	655	3,008	0	0	65.02
65.03	03330	ENDOSCOPY	58,418	1,518	22,110	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	39,512	0	14,955	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,690	0	1,018	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	15,528	376	5,877	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,907	0	1,100	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	59,090	5,043	22,365	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	5,998	0	2,270	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	7,035	404	2,663	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,118	0	1,180	0	0	90.00
90.01	09001 ANTI COAG CLINIC	6,572	14	2,487	0	0	90.01
91.00	09100 EMERGENCY	130,839	29,185	49,521	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	1,933	0	732	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	17,085	0	6,466	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	13,069	0	4,946	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	34,727	0	13,144	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,408,547	139,307	885,389	1,745,811	269,731	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,422	0	3,188	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	31,702	0	11,999	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	2,231	0	844	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	7,609	0	2,880	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	9,223	0	3,491	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	726	0	275	0	0	194.15
194.16	07966 FITNESS	1,996	0	755	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	7,416	0	2,807	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	17,657	0	6,683	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	560	0	212	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,496,089	139,307	918,523	1,745,811	269,731	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	534,534					10.02
10.03	01003	PREADMITS AND ER	16,673	54,871				10.03
11.00	01100	CAFETERIA	517,861	0	517,861			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,451	0	209,136	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	21,721	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	2,233	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	2,842	0	2,008	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,338	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	609	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	54,871	124,850	0	88,219	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	63,134	0	44,610	31.00
31.01	03101	PEDIATRIC ICU	0	0	2,436	0	1,721	31.01
31.02	03102	NEONATAL ICU	0	0	9,744	0	6,885	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	23,345	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,729	0	0	41.00
43.00	04300	NURSERY	0	0	7,917	0	5,594	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	11,368	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	37,759	0	22,233	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	10,353	0	7,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,045	0	2,152	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	26,593	0	1,434	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,842	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	812	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,421	0	0	58.00
60.00	06000	LABORATORY	0	0	23,751	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	2,030	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	15,834	0	0	65.00
65.02	06502	DIALYSIS	0	0	203	0	143	65.02
65.03	03330	ENDOSCOPY	0	0	8,120	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600 PHYSICAL THERAPY	0	0	21,721	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	609	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	4,466	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	1,827	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	609	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	2,639	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	9,135	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	609	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	2,030	0	1,434	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	2,436	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	1,004	90.01
91.00	09100 EMERGENCY	0	0	32,481	0	21,659	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	812	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	8,526	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	534,534	54,871	512,380	0	206,411	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	203	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	203	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	203	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	3,857	0	2,725	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	812	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	203	0	0	194.28
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	534,534	54,871	517,861	0	209,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY
			14.00	15.00	15.01	15.02	15.03
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	286,853				14.00
15.00	01500	PHARMACY	0	2,774,026			15.00
15.01	01501	OUTPATIENT PHARMACY	0	812,043	1,390,202		15.01
15.02	01502	IV SOLUTIONS	0	0	0	180,204	15.02
15.03	01503	MED SURG SUPPLY	265,528	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,811	777	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	56	71	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	13	0	0	31.01
31.02	03102	NEONATAL ICU	62	2	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	4	7	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3	1	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	7	8	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,882	152	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	67	112	0	0	50.01
51.00	05100	RECOVERY ROOM	1	24	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27	227	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1	100	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	6	476	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	54	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	321	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	225	71	0	0	65.00
65.02	06502	DIALYSIS	0	1	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	27	23	0	0	65.03
66.00	06600	PHYSICAL THERAPY	35	124	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	94	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	7	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	13	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,314,751	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	180,204	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	950,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,861,888	1,390,202	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	1	165	0	0	90.01
91.00	09100	EMERGENCY	79	128	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	26	468	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	96,392	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	286,853	2,773,762	1,390,202	180,204	2,265,250
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	5	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	197	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	2	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	60	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	286,853	2,774,026	1,390,202	180,204	2,265,250

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			16.00	17.00	17.01	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	235,448				16.00
17.00	01700	SOCIAL SERVICE	0	341,662			17.00
17.01	01701	REHAB ADMIN	0	0	15,718		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,290	149,446	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	669	74,741	0	0	31.00
31.01	03101	PEDIATRIC ICU	56	21,350	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	56	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	717	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,448	0	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	7,780	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,688	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	335	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	725	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,099	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,068	0	0	0	65.00
65.02	06502	DIALYSIS	112	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	23,174	0	0		65.03
66.00	06600	PHYSICAL THERAPY	2,231	0	5,466		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,748		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,748		68.00
68.01	06801	NEURO REHAB	0	0	39		68.01
69.00	06900	ELECTROCARDIOLOGY	5,103	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	279	0	0		70.00
70.01	03950	NUTRITION SUPPORT	0	0	0		70.01
70.03	03952	CARDIAC CATH LAB	32,181	10,692	0		70.03
70.04	03953	CARDIAC REHA SERVICES	446	0	0		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101	COST OF SOLUTIONS	0	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	112	0	0		76.98
76.99	07699	LITHOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	112	0	0		90.00
90.01	09001	ANTICOAG CLINIC	948	0	0		90.01
91.00	09100	EMERGENCY	0	74,741	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	614	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,322	10,692	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,824	0	0		95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	9,956	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	231,628	341,662	15,718	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07950	NON ALLOWABLE	0	0	0		194.00
194.01	07951	TELEVISION	0	0	0		194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0		194.02
194.03	07953	OP CLINIC	0	0	0		194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0		194.04
194.05	07955	EDUCARE CTR	0	0	0		194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0		194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0		194.07
194.08	07958	FOUNDATION	0	0	0		194.08
194.09	07959	LV HEALTH PLAN	0	0	0		194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0		194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0		194.11
194.12	07962	GUEST SERVICES	0	0	0		194.12
194.13	07963	HUNTINGTON ARC	0	0	0		194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0		194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0		194.15
194.16	07966	FITNESS	0	0	0		194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0		194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0		194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0		194.19
194.20	07970	START-UP COSTS NORTH	0	0	0		194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0		194.21
194.22	07972	EBT	0	0	0		194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0		194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0		194.24
194.25	07975	PREMIER SURGERY CENTER	3,820	0	0		194.25
194.26	07976	ISH	0	0	0		194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0		194.27
194.28	07979	RWJ FOUNDATION	0	0	0		194.28
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	235,448	341,662	15,718	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	114,243				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			7,363		23.00
23.01 02301	PARAMED RADIOLOGY				0	23.01
23.02 02302	PARAMED PHARMACY					41,043
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	CAREW MEDICAL PARK SURG					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					
65.00 06500 RESPIRATORY THERAPY						65.00	
65.02 06502 DIALYSIS						65.02	
65.03 03330 ENDOSCOPY						65.03	
66.00 06600 PHYSICAL THERAPY						66.00	
66.01 06601 TRANSITIONAL THERAPY						66.01	
66.02 03650 PV REHAB OUTREACH						66.02	
67.00 06700 OCCUPATIONAL THERAPY						67.00	
68.00 06800 SPEECH PATHOLOGY						68.00	
68.01 06801 NEURO REHAB						68.01	
69.00 06900 ELECTROCARDIOLOGY						69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00	
70.01 03950 NUTRITION SUPPORT						70.01	
70.03 03952 CARDIAC CATH LAB						70.03	
70.04 03953 CARDIAC REHA SERVICES						70.04	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00	
71.01 07101 COST OF SOLUTIONS						71.01	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00	
76.97 07697 CARDIAC REHABILITATION						76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98	
76.99 07699 LI THOTRI PSY						76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC						90.00	
90.01 09001 ANTI COAG CLINIC						90.01	
91.00 09100 EMERGENCY						91.00	
91.01 09101 PARTIAL HOSPITALIZATION						91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)						92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES						95.00	
99.10 09910 CORF						99.10	
99.20 09920 OUTPATIENT PHYSICAL THERAPY						99.20	
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY						99.30	
99.40 09940 OUTPATIENT SPEECH PATHOLOGY						99.40	
101.00 10100 HOME HEALTH AGENCY						101.00	
SPECIAL PURPOSE COST CENTERS							
116.00 11600 HOSPICE						116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00	
194.00 07950 NON ALLOWABLE						194.00	
194.01 07951 TELEVISION						194.01	
194.02 07952 PHYSICIAN PRACTICES						194.02	
194.03 07953 OP CLINIC						194.03	
194.04 07954 PHYS. ANSWERING SERVICE						194.04	
194.05 07955 EDUCARE CTR						194.05	
194.06 07956 STUCKY RESEARCH CTR						194.06	
194.07 07957 OCCUPATIONAL HEALTH						194.07	
194.08 07958 FOUNDATION						194.08	
194.09 07959 LV HEALTH PLAN						194.09	
194.10 07960 PV RESPIRATORY OUTREACH						194.10	
194.11 07961 OUTREACH TRANSCRIPTION						194.11	
194.12 07962 GUEST SERVICES						194.12	
194.13 07963 HUNTINGTON ARC						194.13	
194.14 07964 SENIOR HEALTH SERVICES						194.14	
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH						194.15	
194.16 07966 FITNESS						194.16	
194.17 07967 NONALLOWABLE ADVERTISING						194.17	
194.18 07968 BREAST DIAGNOSTIC CTR						194.18	
194.19 07969 REGIONAL PAIN CLINIC						194.19	
194.20 07970 START-UP COSTS NORTH						194.20	
194.21 07971 RONALD MCDONALD FAMILY ROOM						194.21	
194.22 07972 EBT						194.22	
194.23 07973 MEDICAL OFFICE BUILDINGS						194.23	
194.24 07974 START-UP COSTS ORTHO						194.24	
194.25 07975 PREMIER SURGERY CENTER						194.25	
194.26 07976 ISH						194.26	
194.27 07977 MCHA BRYAN HOPD						194.27	
194.28 07979 RWJ FOUNDATION						194.28	
200.00	Cross Foot Adjustments	114,243	0	7,363	0	41,043	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
Cost Center Description		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
202.00	TOTAL (sum lines 118-201)	114,243	0	7,363	0	41,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,934,826	0	8,934,826	30.00
31.00	03100	INTENSIVE CARE UNIT	4,351,254	0	4,351,254	31.00
31.01	03101	PEDIATRIC ICU	284,211	0	284,211	31.01
31.02	03102	NEONATAL ICU	798,054	0	798,054	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,536,088	0	1,536,088	40.00
41.00	04100	SUBPROVIDER - IRF	548,281	0	548,281	41.00
43.00	04300	NURSERY	219,236	0	219,236	43.00
44.00	04400	SKILLED NURSING FACILITY	705,326	0	705,326	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,864,388	0	7,864,388	50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	0	395,205	50.01
51.00	05100	RECOVERY ROOM	1,372,634	0	1,372,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	0	450,961	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	0	5,315,848	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	57,891	0	57,891	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	0	140,439	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	0	1,190,245	55.00
56.00	05600	RADIOISOTOPE	216,010	0	216,010	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	0	943,896	58.00
60.00	06000	LABORATORY	2,505,813	0	2,505,813	60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	0	180,145	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	0	111,797	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	822,748	0	822,748	65.00
65.02	06502	DIALYSIS	145,526	0	145,526	65.02
65.03	03330	ENDOSCOPY	1,735,239	0	1,735,239	65.03
66.00	06600	PHYSICAL THERAPY	604,816	0	604,816	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	0	131,697	67.00
68.00	06800	SPEECH PATHOLOGY	34,216	0	34,216	68.00
68.01	06801	NEURO REHAB	214,267	0	214,267	68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	0	94,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	0	91,435	70.00
70.01	03950	NUTRITION SUPPORT	36,656	0	36,656	70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	0	2,077,005	70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	0	93,515	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	0	1,327,508	71.00
71.01	07101	COST OF SOLUTIONS	188,707	0	188,707	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	0	964,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	0	4,437,915	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	0	163,097	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	67,868	0	67,868	90.00
90.01	09001	ANTI COAG CLINIC	129,374	0	129,374	90.01
91.00	09100	EMERGENCY	2,020,346	0	2,020,346	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	0	29,458	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	0	255,682	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,342,214	0	3,342,214	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	840,457	0	840,457	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	281,259	0	281,259	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,252,747	0	58,252,747	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,994	0	70,994	190.00
194.00	07950	NON ALLOWABLE	231	0	231	194.00
194.01	07951	TELEVISION	13	0	13	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	655	0	655	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	301,779	0	301,779	194.05
194.06	07956	STUCKY RESEARCH CTR	168,945	0	168,945	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	64,273	0	64,273	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	56,069	0	56,069	194.12
194.13	07963	HUNTINGTON ARC	4	0	4	194.13
194.14	07964	SENIOR HEALTH SERVICES	89,579	0	89,579	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	99,806	0	99,806	194.15
194.16	07966	FITNESS	23,656	0	23,656	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	61,929	0	61,929	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	151,558	0	151,558	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	21,958	0	21,958	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	96,928	0	96,928	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	4,348	0	4,348	194.28
200.00		Cross Foot Adjustments	162,649	0	162,649	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
202.00	TOTAL (sum lines 118-201)	59,628,121	0	59,628,121			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,784,203				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		16,267,925			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	43,839	5,991	273,198,729		4.00
5.01 00540	COMMUNICATIONS	0	0	0	12,756	5.01
5.02 00550	DATA PROCESSING	13,222	0	0	2,519	9,972 5.02
5.03 00560	MATERIALS MANAGEMENT	8,531	0	0	218	0 5.03
5.04 00570	PATIENT SERVICES	11,328	7,135	1,661,471	723	69 5.04
5.05 00580	PATIENT ACCOUNTING	449	0	0	441	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	146,320	966,641	60,732,517	1,471	208 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	162,589	107,331	919,700	68	36 7.00
7.01 00701	FACILITY ENGINEERING	132,277	293,984	2,895,317	343	164 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	0	184,250	185	36 8.00
9.00 00900	HOUSEKEEPING	33,146	64,032	5,642,046	81	573 9.00
10.00 01000	DIETARY	61,453	414,303	2,368,029	111	501 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	3,106,788	0	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,901	19,510	1,880,642	26	48 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,338	0	0	89	0 14.00
15.00 01500	PHARMACY	18,794	1,245,808	8,726,179	223	305 15.00
15.01 01501	OUTPATIENT PHARMACY	5,803	2,181	819,501	2	29 15.01
15.02 01502	IV SOLUTIONS	0	50,307	655,709	0	41 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	28	0 16.00
17.00 01700	SOCIAL SERVICE	7,849	6,960	3,473,753	98	129 17.00
17.01 01701	REHAB ADMIN	0	0	204,106	59	9 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,110	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	266	0	71,858	0	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	300	0	903,918	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	252,884	1,075,580	37,578,229	2,189	1,861 30.00
31.00 03100	INTENSIVE CARE UNIT	86,151	946,354	20,340,514	370	880 31.00
31.01 03101	PEDIATRIC ICU	6,194	59,110	979,982	28	35 31.01
31.02 03102	NEONATAL ICU	21,188	157,755	3,346,828	231	144 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	52,495	37,727	6,425,097	103	351 40.00
41.00 04100	SUBPROVIDER - IRF	22,129	6,018	2,386,077	140	120 41.00
43.00 04300	NURSERY	4,654	0	2,802,370	2	0 43.00
44.00 04400	SKILLED NURSING FACILITY	26,689	4,866	2,989,772	70	164 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	125,444	3,000,289	10,242,892	273	539 50.00
50.01 05001	CAREW MEDICAL PARK SURG	0	152,951	1,616,579	28	18 50.01
51.00 05100	RECOVERY ROOM	56,996	84,937	4,412,923	170	119 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	26,488	0	81,736	133	35 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	39,104	2,400,154	9,940,288	264	439 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	2,977	0	195,278	33	12 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	6,943	14,784	20,500	9	1 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	40,967	178,139	3,590,328	293	99 55.00
56.00 05600	RADIOISOTOPE	6,100	57,675	371,003	9	13 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	15,979	379,191	617,147	31	21 58.00
60.00 06000	LABORATORY	40,466	670,061	15,393,026	209	793 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,368	59,069	532,218	17	29 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,483	6	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	13,784	232,834	4,462,898	107	221	65.00
65.02	06502	DIALYSIS	4,030	8,794	42,635	9	5	65.02
65.03	03330	ENDOSCOPY	29,618	624,582	2,569,990	22	109	65.03
66.00	06600	PHYSICAL THERAPY	20,033	27,936	4,687,444	28	281	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	2,496,788	2	14	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	707,342	2	0	68.00
68.01	06801	NEURO REHAB	7,873	7,372	1,590,102	31	44	68.01
69.00	06900	ELECTROCARDIOLOGY	0	21,251	1,053,612	7	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	27,059	453,279	2	8	70.00
70.01	03950	NUTRITION SUPPORT	0	381	713,096	18	35	70.01
70.03	03952	CARDIAC CATH LAB	29,959	779,828	3,750,678	262	114	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	19,909	195,235	26	7	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,567	18,388	711,466	0	29	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,581	44	711,290	17	0	90.00
90.01	09001	ANTI COAG CLINIC	3,332	1,250	1,025,860	20	22	90.01
91.00	09100	EMERGENCY	66,336	172,696	9,579,233	349	449	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	268,743	4	6	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,662	17,751	1,468,298	0	65	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,626	1,782,788	2,581,329	28	124	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	17,607	32,692	7,677,403	172	475	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	3,933,948	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,739,819	16,244,398	268,791,833	12,399	9,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,270	204	91	13	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	70	0	194.00
194.01	07951	TELEVISION	0	0	0	4	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	14,258	7	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	16,073	1,726	99,050	2	3	194.05
194.06	07956	STUCKY RESEARCH CTR	1,131	8,611	2,697,491	4	55	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,858	0	18	33	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	63,339	0	7	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	97	85,011	4	7	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	368	2,799	1,006,900	11	36	194.15
194.16	07966	FITNESS	1,012	0	159,122	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,760	0	0	13	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	8,952	2,153	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	284	7,937	207,799	4	11	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	192	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	73,817	0	0	194.28
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)	20,864,922	26,310,788	35,984,940	1,282,732	407,931	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.694253	1.617341	0.131717	100.559109	40.907641	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			522,353	0	154,621	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001912	0.000000	15.505515	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	96,290,807				5.03
5.04	00570	PATIENT SERVICES	113,237	1,515,829,382			5.04
5.05	00580	PATIENT ACCOUNTING		0	2,876,053,798		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	948,131	0	0	0	-152,132,102
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	140,232	0	0	0	0
7.01	00701	FACILITY ENGINEERING	518,221	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	614,143	0	0	0	0
9.00	00900	HOUSEKEEPING	887,112	0	0	0	0
10.00	01000	DIETARY	816,176	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	46,931	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	529,173	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	58,496	0	0	0	0
15.02	01502	IV SOLUTIONS	339,404	0	0	0	0
15.03	01503	MED SURG SUPPLY	57,821,264	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	10,551	0	0	0	0
17.01	01701	REHAB ADMIN	1,058	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,774,984	215,303,184	252,765,326	0	0
31.00	03100	INTENSIVE CARE UNIT	2,014,583	93,845,427	93,845,427	0	0
31.01	03101	PEDIATRIC ICU	42,090	3,651,823	3,651,823	0	0
31.02	03102	NEONATAL ICU	343,985	26,566,128	26,566,128	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	219,843	27,325,965	27,325,965	0	0
41.00	04100	SUBPROVIDER - I RF	99,416	9,254,287	9,254,287	0	0
43.00	04300	NURSERY	0	4,994,100	4,994,100	0	0
44.00	04400	SKILLED NURSING FACILITY	179,374	8,069,659	8,069,659	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,761,969	221,475,073	360,358,858	0	0
50.01	05001	CAREW MEDICAL PARK SURG	578,894	263,953	46,234,064	0	0
51.00	05100	RECOVERY ROOM	303,514	26,089,621	77,360,129	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,007	3,369,087	3,369,087	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,671,744	136,199,992	403,854,139	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	1,265	7,764	1,165,248	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	4,070	0	21,135	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	115,024	2,379,137	76,065,247	0	0
56.00	05600	RADIOISOTOPE	34,845	2,459,879	4,225,916	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	43,191	11,776,455	23,724,432	0	0
60.00	06000	LABORATORY	10,135,812	95,564,097	208,706,120	0	0
60.01	06001	ANATOMICAL PATHOLOGY	621,885	4,775,718	9,208,685	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,024	10,473,529	12,260,017	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	229,611	31,535,819	35,063,450	0	0

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation		
		5.03	5.04	5.05	5.06	5A.07		
65.02	06502	DIALYSIS	18,018	4,839,958	5,193,760	0	0	65.02
65.03	03330	ENDOSCOPY	907,701	19,017,225	89,500,929	0	0	65.03
66.00	06600	PHYSICAL THERAPY	75,156	15,669,591	20,054,658	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,106	13,231,771	13,539,382	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,243,396	4,497,983	0	0	68.00
68.01	06801	NEURO REHAB	36,258	2,649	8,092,598	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	154,178	7,846,492	29,789,966	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,976	3,078,795	5,148,484	0	0	70.00
70.01	03950	NUTRITION SUPPORT	135,648	313,156	385,728	0	0	70.01
70.03	03952	CARDIAC CATH LAB	506,133	67,489,857	137,019,717	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	22,526	804	1,408,020	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	83,322,244	135,806,192	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	54,824,883	67,734,585	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	92,618,511	153,151,102	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147,172,990	247,449,401	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	55,080	5,961,623	13,758,248	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,138	164,114	518,818	0	0	90.00
90.01	09001	ANTI COAG CLINIC	344,259	14,221	3,372,921	0	0	90.01
91.00	09100	EMERGENCY	1,624,064	59,920,535	184,460,459	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	7,501	387	1,922,798	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	91,805	715,408	13,854,279	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	997,565	75	20,592,645	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	868,140	0	17,945,775	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	12,766,108	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,963,511	1,515,829,382	2,876,053,798	0	-152,132,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	5	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	21,197	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	119,488	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	53,467	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	121	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	11,497	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	38,530	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,127	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	16	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	78,683	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	1,165	0	0	0	0	194.28
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)	121,686	2,495,716	49,598	0		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001264	0.001646	0.000017	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	99,764	148,376	5,251	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001036	0.000098	0.000002	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590	483,539,630					5.07
5.08	00592	1,368	10,000				5.08
6.00	00600	0	0	0			6.00
7.00	00700	10,460,613	0	0	1,397,808		7.00
7.01	00701	7,203,767	0	0	132,277	1,265,531	7.01
8.00	00800	3,276,055	0	0	1,974	1,974	8.00
9.00	00900	8,665,192	0	0	33,146	33,146	9.00
10.00	01000	2,150,138	0	0	61,453	61,453	10.00
10.01	01001	8,049,043	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,764,968	0	0	4,901	4,901	13.00
14.00	01400	211,705	0	0	17,338	17,338	14.00
15.00	01500	12,572,109	0	0	18,794	18,794	15.00
15.01	01501	14,543,467	0	0	5,803	5,803	15.01
15.02	01502	2,799,488	0	0	0	0	15.02
15.03	01503	59,183,627	0	0	0	0	15.03
16.00	01600	169,342	0	0	14,240	14,240	16.00
17.00	01700	5,666,133	0	0	7,849	7,849	17.00
17.01	01701	444,831	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,485,813	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	89,405	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	1,051,843	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	53,751,619	0	0	252,884	252,884	30.00
31.00	03100	27,888,390	0	0	86,151	86,151	31.00
31.01	03101	1,638,793	0	0	6,194	6,194	31.01
31.02	03102	5,228,709	0	0	21,188	21,188	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	8,949,458	0	0	52,495	52,495	40.00
41.00	04100	3,205,115	0	0	22,129	22,129	41.00
43.00	04300	3,805,937	0	0	4,654	4,654	43.00
44.00	04400	4,009,662	0	0	26,689	26,689	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	24,686,596	0	0	125,444	125,444	50.00
50.01	05001	4,100,065	10,000	0	0	0	50.01
51.00	05100	8,649,918	0	0	56,996	56,996	51.00
52.00	05200	520,774	0	0	26,488	26,488	52.00
54.00	05400	19,828,943	0	0	39,104	39,104	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	272,467	0	0	2,977	2,977	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	133,596	0	0	6,943	6,943	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	6,984,142	0	0	40,967	40,967	55.00
56.00	05600	656,484	0	0	6,100	6,100	56.00
58.00	05800	1,815,740	0	0	15,979	15,979	58.00
60.00	06000	20,826,001	0	0	40,466	40,466	60.00
60.01	06001	1,764,942	0	0	1,368	1,368	60.01
62.00	06200	3,369,276	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	5,762,643	0	0	13,784	13,784	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	1,966,947	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	6,238,616	0	0	29,618	29,618	65.03
66.00	06600	PHYSICAL THERAPY	5,848,096	0	0	20,033	20,033	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,990,223	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	844,939	0	0	0	0	68.00
68.01	06801	NEURO REHAB	2,028,698	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	1,512,035	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	660,510	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	955,519	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	7,892,652	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	325,155	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	131,797	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	91,393	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,054	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,727,787	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,114,859	0	0	3,567	3,567	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,169,015	0	0	1,581	1,581	90.00
90.01	09001	ANTI COAG CLINIC	2,098,071	0	0	3,332	3,332	90.01
91.00	09100	EMERGENCY	14,603,397	0	0	66,336	66,336	91.00
91.01	09101	PARTIAL HOSPITALIZATION	353,665	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,078,036	0	0	8,662	8,662	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,071,904	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	11,411,776	0	0	17,607	17,607	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	8,351,716	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	470,260,037	10,000	0	1,353,424	1,221,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,708	0	0	4,270	4,270	190.00
194.00	07950	NON ALLOWABLE	7,039	0	0	0	0	194.00
194.01	07951	TELEVISION	402	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	19,149	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,191,026	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	3,979,360	0	0	1,131	1,131	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	60,648	0	0	3,858	3,858	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,702,143	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	132	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	410,186	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,442,120	0	0	368	368	194.15
194.16	07966	FITNESS	214,031	0	0	1,012	1,012	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	37,255	0	0	3,760	3,760	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	108,287	0	0	8,952	8,952	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	91,971	0	0	284	284	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,840,992	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	122,144	0	0	0	0	194.28
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)	152,132,102	1,798	0	13,751,752	10,771,583	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.314622	0.179800	0.000000	9.838084	8.511513	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,847,230	1,413	0	2,420,235	2,496,089	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.032773	0.141300	0.000000	1.731450	1.972365	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	0	1,230,411			9.00
10.00	01000	DIETARY	0	61,453	853,250		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	592,001	10.01
10.02	01002	CAFETERIA	0	0	261,249	0	269,660
10.03	01003	PREADMITS AND ER	0	0	15,269	15,269	8,411
11.00	01100	CAFETERIA	0	0	0	0	261,249
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,901	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,338	0	0	0
15.00	01500	PHARMACY	0	18,794	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	5,803	0	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	7,849	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,004	252,884	295,268	295,268	0
31.00	03100	INTENSIVE CARE UNIT	1,900	86,151	96,759	96,759	0
31.01	03101	PEDIATRIC ICU	0	6,194	2,598	2,598	0
31.02	03102	NEONATAL ICU	82	21,188	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	260	52,495	114,538	114,538	0
41.00	04100	SUBPROVIDER - I RF	105	22,129	23,136	23,136	0
43.00	04300	NURSERY	0	4,654	0	0	0
44.00	04400	SKILLED NURSING FACILITY	242	26,689	44,433	44,433	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	125,444	0	0	0
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0
51.00	05100	RECOVERY ROOM	43	56,996	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,488	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	328	39,104	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,977	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	6,943	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,967	0	0	0
56.00	05600	RADIOISOTOPE	0	6,100	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349	15,979	0	0	0
60.00	06000	LABORATORY	1	40,466	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16	13,784	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	47	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	109	29,618	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	20,033	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	27	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	362	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	29	3,567	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,581	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	1	3,332	0	0	0 90.01
91.00	09100	EMERGENCY	2,095	66,336	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	8,662	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	17,607	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,186,027	853,250	592,001	269,660 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,270	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,131	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	3,858	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	368	0	0	0 194.15
194.16	07966	FITNESS	0	1,012	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,760	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	8,952	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	284	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
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)	4,342,996	11,999,668	4,553,582	10,581,449	1,394,221 202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
203.00	Unit cost multiplier (Wkst. B, Part I)	434.299600	9.752569	5.336750	17.874039	5.170292	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	139,307	918,523	1,745,811	269,731	534,534	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.930700	0.746517	2.046072	0.455626	1.982252	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	295,268					11.00
12.00	01200	0	2,551				12.00
13.00	01300	0	0	0			13.00
14.00	01400	0	17	0	1,458		14.00
15.00	01500	0	0	0	0	999,869	15.00
15.01	01501	0	107	0	0	0	15.01
15.02	01502	0	11	0	0	0	15.02
15.03	01503	0	14	0	14	0	15.03
16.00	01600	0	0	0	0	925,539	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	46	0	0	0	17.01
17.02	01702	0	0	0	0	0	17.02
17.03	01703	0	3	0	0	0	17.03
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	295,268	615	0	615	6,314	30.00
31.00	03100	0	311	0	311	195	31.00
31.01	03101	0	12	0	12	0	31.01
31.02	03102	0	48	0	48	215	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	115	0	0	15	40.00
41.00	04100	0	43	0	0	10	41.00
43.00	04300	0	39	0	39	0	43.00
44.00	04400	0	56	0	0	25	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	186	0	155	65,815	50.00
50.01	05001	0	0	0	0	232	50.01
51.00	05100	0	51	0	51	3	51.00
52.00	05200	0	15	0	15	0	52.00
54.00	05400	0	131	0	10	94	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	14	0	0	3	55.00
56.00	05600	0	4	0	0	0	56.00
58.00	05800	0	7	0	0	0	58.00
60.00	06000	0	117	0	0	21	60.00
60.01	06001	0	10	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	78	0	0	786	65.00
65.02	06502	DIALYSIS	0	1	0	1	0	65.02
65.03	03330	ENDOSCOPY	0	40	0	0	95	65.03
66.00	06600	PHYSICAL THERAPY	0	107	0	0	121	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	22	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	9	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	13	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	45	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	3	0	0	2	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10	0	10	5	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	7	2	90.01
91.00	09100	EMERGENCY	0	160	0	151	276	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	4	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	9	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	42	0	0	90	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	295,268	2,524	0	1,439	999,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	1	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	1	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	1	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	19	0	19	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	4	0	0	1	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	1	0	0	1	194.28
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PREADMI TS AND ER (MEALS PREADMI TS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	397,893	1,350,734	0	3,781,617	765,548	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.347566	529.491964	0.000000	2,593.701646	0.765648	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	54,871	517,861	0	209,136	286,853	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.185835	203.003136	0.000000	143.440329	0.286891	205.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	49,771,180					15.00
15.01	01501	14,569,451	10,000				15.01
15.02	01502	0	0	10,000			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	8,443	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	2	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,936	0	0	0	369	30.00
31.00	03100	1,275	0	0	0	24	31.00
31.01	03101	241	0	0	0	2	31.01
31.02	03102	35	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	133	0	0	0	2	40.00
41.00	04100	22	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	139	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,732	0	0	0	1,558	50.00
50.01	05001	2,012	0	0	0	279	50.01
51.00	05100	425	0	0	0	0	51.00
52.00	05200	1	0	0	0	0	52.00
54.00	05400	4,080	0	0	0	2,750	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	12	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	1,786	0	0	0	0	55.00
56.00	05600	0	0	0	0	26	56.00
58.00	05800	7	0	0	0	147	58.00
60.00	06000	8,546	0	0	0	0	60.00
60.01	06001	968	0	0	0	0	60.01
62.00	06200	5,760	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,274	0	0	0	110	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
65.02	06502	DIALYSIS	12	0	0	4	65.02
65.03	03330	ENDOSCOPY	417	0	0	831	65.03
66.00	06600	PHYSICAL THERAPY	2,226	0	0	80	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	1,685	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10	70.00
70.01	03950	NUTRITION SUPPORT	124	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	227	0	0	1,154	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	16	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,804	0	71.00
71.01	07101	COST OF SOLUTIONS	0	10,000	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,196	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,405,841	10,000	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	4	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4	90.00
90.01	09001	ANTI COAG CLINIC	2,954	0	0	34	90.01
91.00	09100	EMERGENCY	2,289	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	22	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8	0	0	155	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,400	0	0	173	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,729,440	0	0	357	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,766,448	10,000	10,000	8,306	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	90	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,536	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	35	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	1,071	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	137	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
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)	17,112,379	24,297,345	3,723,994	78,512,627	622,796

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.343821	2,429.734500	372.399400	7,851.262700	73.764776	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,774,026	1,390,202	180,204	2,265,250	235,448	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.055736	139.020200	18.020400	226.525000	27.886770	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
	17.00	17.01	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	10,002				17.00
17.01 01701 REHAB ADMIN	0	10,000			17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0			23.01
23.02 02302 PARAMED ED PHARMACY	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	4,375	0	0	0	5,769 30.00
31.00 03100 INTENSIVE CARE UNIT	2,188	0	0	0	1,508 31.00
31.01 03101 PEDIATRIC ICU	625	0	0	0	0 31.01
31.02 03102 NEONATAL ICU	0	0	0	0	0 31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	456	0	0	0 41.00
43.00 04300 NURSERY	0	0	0	0	615 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	729 50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	148 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	0	0	6	65.00
65.02	06502	0	0	0	0	0	65.02
65.03	03330	0	0	0	0	0	65.03
66.00	06600	0	3,477	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	03650	0	0	0	0	0	66.02
67.00	06700	0	3,021	0	0	0	67.00
68.00	06800	0	3,021	0	0	0	68.00
68.01	06801	0	25	0	0	0	68.01
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
70.01	03950	0	0	0	0	0	70.01
70.03	03952	313	0	0	0	0	70.03
70.04	03953	0	0	0	0	0	70.04
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,188	0	0	0	1,225	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
92.01	09201	313	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		10,002	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	0	0	0	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	0	0	0	194.22
194.23	07973	0	0	0	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	0	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,693,754	586,374	0	0	4,582,526	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	769.221556	58.637400	0.000000	0.000000	458.252600	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	341,662	15,718	0	0	114,243	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	34.159368	1.571800	0.000000	0.000000	11.424300	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,000			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
23.01 02301 PARAMED RADIOLOGY					23.01
23.02 02302 PARAMED PHARMACY				35,201,727	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	13,936	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	1,275	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	241	31.01
31.02 03102 NEONATAL ICU	0	0	0	35	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	133	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	22	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	139	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	2,732	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	2,012	50.01
51.00 05100 RECOVERY ROOM	0	0	0	425	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,080	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	1,786	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7	58.00
60.00 06000 LABORATORY	0	10,000	0	8,546	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	968	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		22.00	23.00	23.01	23.02		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,760	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,274	65.00
65.02	06502	DIALYSIS	0	0	0	12	65.02
65.03	03330	ENDOSCOPY	0	0	0	417	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	2,226	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	1,685	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	124	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	227	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,405,841	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	2,954	90.01
91.00	09100	EMERGENCY	0	0	0	2,289	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	8	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	8,400	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,729,440	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,000	0	35,196,995	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	90	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	3,536	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	35	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	1,071	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	125,009	0	1,391,206		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	12.500900	0.000000	0.039521		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	7,363	0	41,043		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.736300	0.000000	0.001166		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 7:41 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Di sallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,083,393		92,083,393	0	92,083,393	30.00
31.00	03100	INTENSIVE CARE UNIT	44,811,520		44,811,520	0	44,811,520	31.00
31.01	03101	PEDIATRIC ICU	2,907,241		2,907,241	2,196	2,909,437	31.01
31.02	03102	NEONATAL ICU	7,654,909		7,654,909	0	7,654,909	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	16,072,915		16,072,915	1,707	16,074,622	40.00
41.00	04100	SUBPROVIDER - I RF	5,467,518		5,467,518	0	5,467,518	41.00
43.00	04300	NURSERY	5,255,960		5,255,960	0	5,255,960	43.00
44.00	04400	SKILLED NURSING FACILITY	7,187,359		7,187,359	0	7,187,359	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,645,664		36,645,664	0	36,645,664	50.00
50.01	05001	CAREW MEDICAL PARK SURG	5,413,364		5,413,364	0	5,413,364	50.01
51.00	05100	RECOVERY ROOM	13,151,206		13,151,206	0	13,151,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,475,839		1,475,839	0	1,475,839	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,608,709		27,608,709	0	27,608,709	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	442,736		442,736	0	442,736	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	370,741		370,741	0	370,741	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,340,868		10,340,868	79,336	10,420,204	55.00
56.00	05600	RADIOISOTOPE	1,038,487		1,038,487	0	1,038,487	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,002,178		3,002,178	0	3,002,178	58.00
60.00	06000	LABORATORY	28,706,187		28,706,187	0	28,706,187	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,364,342		2,364,342	0	2,364,342	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,431,532		4,431,532	0	4,431,532	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,020,510	0	8,020,510	1,157	8,021,667	65.00
65.02	06502	DIALYSIS	2,722,877	0	2,722,877	0	2,722,877	65.02
65.03	03330	ENDOSCOPY	9,163,802	0	9,163,802	0	9,163,802	65.03
66.00	06600	PHYSICAL THERAPY	8,518,390	0	8,518,390	0	8,518,390	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,148,077	0	4,148,077	0	4,148,077	67.00
68.00	06800	SPEECH PATHOLOGY	1,287,919	0	1,287,919	0	1,287,919	68.00
68.01	06801	NEURO REHAB	2,913,706	0	2,913,706	0	2,913,706	68.01
69.00	06900	ELECTROCARDIOLOGY	2,006,018		2,006,018	0	2,006,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,069		912,069	0	912,069	70.00
70.01	03950	NUTRITION SUPPORT	1,263,077		1,263,077	0	1,263,077	70.01
70.03	03952	CARDIAC CATH LAB	11,724,787		11,724,787	113,119	11,837,906	70.03
70.04	03953	CARDIAC REHA SERVICES	515,686		515,686	0	515,686	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,741,992		45,741,992	0	45,741,992	71.00
71.01	07101	COST OF SOLUTIONS	3,844,141		3,844,141	0	3,844,141	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,147,735		33,147,735	0	33,147,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,071,745		84,071,745	0	84,071,745	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,924,606		2,924,606	23,746	2,948,352	76.98
76.99	07699	LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,587,892		1,587,892	0	1,587,892	90.00
90.01	09001	ANTI COAG CLINIC	2,874,039		2,874,039	0	2,874,039	90.01
91.00	09100	EMERGENCY	24,132,503		24,132,503	188,754	24,321,257	91.00
91.01	09101	PARTIAL HOSPITALIZATION	496,217		496,217	0	496,217	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,299,466		13,299,466	0	13,299,466	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,227,463		3,227,463	0	3,227,463	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,465,241		13,465,241	0	13,465,241	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	16,186,267		16,186,267	0	16,186,267	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,979,350		10,979,350	0	10,979,350	116.00
200.00		Subtotal (see instructions)	625,608,243	0	625,608,243	410,015	626,018,258	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
201.00	Less Observation Beds	13,299,466		13,299,466		13,299,466	201.00
202.00	Total (see instructions)	612,308,777	0	612,308,777	410,015	612,718,792	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 7:41 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	215,303,184		215,303,184		30.00
31.00	03100	INTENSIVE CARE UNIT	93,845,427		93,845,427		31.00
31.01	03101	PEDIATRIC ICU	3,651,823		3,651,823		31.01
31.02	03102	NEONATAL ICU	26,566,128		26,566,128		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	27,325,965		27,325,965		40.00
41.00	04100	SUBPROVIDER - IRF	9,254,287		9,254,287		41.00
43.00	04300	NURSERY	4,994,100		4,994,100		43.00
44.00	04400	SKILLED NURSING FACILITY	8,069,659		8,069,659		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	221,475,073	138,883,785	360,358,858	0.101692	50.00
50.01	05001	CAREW MEDICAL PARK SURG	263,953	45,970,111	46,234,064	0.117086	50.01
51.00	05100	RECOVERY ROOM	26,089,621	51,270,508	77,360,129	0.170000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,369,087	0	3,369,087	0.438053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,199,992	267,654,147	403,854,139	0.068363	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,764	1,157,484	1,165,248	0.379950	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21,135	21,135	17.541566	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,379,137	73,686,110	76,065,247	0.135947	55.00
56.00	05600	RADIOISOTOPE	2,459,879	1,766,037	4,225,916	0.245742	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,776,455	11,947,977	23,724,432	0.126544	58.00
60.00	06000	LABORATORY	95,564,097	113,142,023	208,706,120	0.137544	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,775,718	4,432,967	9,208,685	0.256751	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,473,529	1,786,488	12,260,017	0.361462	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	31,535,819	3,527,631	35,063,450	0.228743	65.00
65.02	06502	DIALYSIS	4,839,958	353,802	5,193,760	0.524259	65.02
65.03	03330	ENDOSCOPY	19,017,225	70,483,704	89,500,929	0.102388	65.03
66.00	06600	PHYSICAL THERAPY	15,669,591	4,385,067	20,054,658	0.424759	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,231,771	307,611	13,539,382	0.306371	67.00
68.00	06800	SPEECH PATHOLOGY	4,243,396	254,587	4,497,983	0.286333	68.00
68.01	06801	NEURO REHAB	2,649	8,089,949	8,092,598	0.360046	68.01
69.00	06900	ELECTROCARDIOLOGY	7,846,492	21,943,474	29,789,966	0.067339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,078,795	2,069,689	5,148,484	0.177153	70.00
70.01	03950	NUTRITION SUPPORT	313,156	72,572	385,728	3.274528	70.01
70.03	03952	CARDIAC CATH LAB	67,489,857	69,529,860	137,019,717	0.085570	70.03
70.04	03953	CARDIAC REHA SERVICES	804	1,407,216	1,408,020	0.366249	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,322,244	52,483,948	135,806,192	0.336818	71.00
71.01	07101	COST OF SOLUTIONS	54,824,883	12,909,702	67,734,585	0.056753	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,618,511	60,532,591	153,151,102	0.216438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	147,172,990	100,276,411	247,449,401	0.339753	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,961,623	7,796,625	13,758,248	0.212571	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	164,114	354,704	518,818	3.060595	90.00
90.01	09001	ANTI COAG CLINIC	14,221	3,358,700	3,372,921	0.852092	90.01
91.00	09100	EMERGENCY	59,920,535	124,539,924	184,460,459	0.130828	91.00
91.01	09101	PARTIAL HOSPITALIZATION	387	1,922,411	1,922,798	0.258070	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	37,462,142	0.355011	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	715,408	13,138,871	13,854,279	0.232958	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	75	20,592,570	20,592,645	0.653886	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	17,945,775	17,945,775		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	12,766,108	12,766,108		116.00
200.00		Subtotal (see instructions)	1,515,829,382	1,360,224,416	2,876,053,798		200.00
201.00		Less Observation Beds					201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/30/2017 7:41 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col . 6 + col . 7)			
6.00						9.00	10.00	
202.00	Total (see instructions)	1,515,829,382	1,360,224,416	2,876,053,798				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.101692			50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.117086			50.01
51.00	05100 RECOVERY ROOM	0.170000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.438053			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.068363			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.379950			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	17.541566			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.136990			55.00
56.00	05600 RADIOISOTOPE	0.245742			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126544			58.00
60.00	06000 LABORATORY	0.137544			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.256751			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.228776			65.00
65.02	06502 DIALYSIS	0.524259			65.02
65.03	03330 ENDOSCOPY	0.102388			65.03
66.00	06600 PHYSICAL THERAPY	0.424759			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.306371			67.00
68.00	06800 SPEECH PATHOLOGY	0.286333			68.00
68.01	06801 NEURO REHAB	0.360046			68.01
69.00	06900 ELECTROCARDIOLOGY	0.067339			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177153			70.00
70.01	03950 NUTRITION SUPPORT	3.274528			70.01
70.03	03952 CARDIAC CATH LAB	0.086396			70.03
70.04	03953 CARDIAC REHA SERVICES	0.366249			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818			71.00
71.01	07101 COST OF SOLUTIONS	0.056753			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.216438			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.339753			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.214297			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.060595			90.00
90.01	09001 ANTI COAG CLINIC	0.852092			90.01
91.00	09100 EMERGENCY	0.131851			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.258070			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.355011			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.232958			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.653886			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
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: 15-0021

Period:
From 01/01/2016
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		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	92,083,393		92,083,393	0	92,083,393	30.00
31.00	03100 INTENSIVE CARE UNIT	44,811,520		44,811,520	0	44,811,520	31.00
31.01	03101 PEDIATRIC ICU	2,907,241		2,907,241	2,196	2,909,437	31.01
31.02	03102 NEONATAL ICU	7,654,909		7,654,909	0	7,654,909	31.02
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	16,072,915		16,072,915	1,707	16,074,622	40.00
41.00	04100 SUBPROVIDER - I/RF	5,467,518		5,467,518	0	5,467,518	41.00
43.00	04300 NURSERY	5,255,960		5,255,960	0	5,255,960	43.00
44.00	04400 SKILLED NURSING FACILITY	7,187,359		7,187,359	0	7,187,359	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	36,645,664		36,645,664	0	36,645,664	50.00
50.01	05001 CAREW MEDICAL PARK SURG	5,413,364		5,413,364	0	5,413,364	50.01
51.00	05100 RECOVERY ROOM	13,151,206		13,151,206	0	13,151,206	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,475,839		1,475,839	0	1,475,839	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,608,709		27,608,709	0	27,608,709	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	442,736		442,736	0	442,736	54.05
54.06	05406 RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	370,741		370,741	0	370,741	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	10,340,868		10,340,868	79,336	10,420,204	55.00
56.00	05600 RADIOISOTOPE	1,038,487		1,038,487	0	1,038,487	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,002,178		3,002,178	0	3,002,178	58.00
60.00	06000 LABORATORY	28,706,187		28,706,187	0	28,706,187	60.00
60.01	06001 ANATOMICAL PATHOLOGY	2,364,342		2,364,342	0	2,364,342	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,431,532		4,431,532	0	4,431,532	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	8,020,510	0	8,020,510	1,157	8,021,667	65.00
65.02	06502 DIALYSIS	2,722,877	0	2,722,877	0	2,722,877	65.02
65.03	03330 ENDOSCOPY	9,163,802	0	9,163,802	0	9,163,802	65.03
66.00	06600 PHYSICAL THERAPY	8,518,390	0	8,518,390	0	8,518,390	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	4,148,077	0	4,148,077	0	4,148,077	67.00
68.00	06800 SPEECH PATHOLOGY	1,287,919	0	1,287,919	0	1,287,919	68.00
68.01	06801 NEURO REHAB	2,913,706	0	2,913,706	0	2,913,706	68.01
69.00	06900 ELECTROCARDIOLOGY	2,006,018		2,006,018	0	2,006,018	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	912,069		912,069	0	912,069	70.00
70.01	03950 NUTRITION SUPPORT	1,263,077		1,263,077	0	1,263,077	70.01
70.03	03952 CARDIAC CATH LAB	11,724,787		11,724,787	113,119	11,837,906	70.03
70.04	03953 CARDIAC REHA SERVICES	515,686		515,686	0	515,686	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	45,741,992		45,741,992	0	45,741,992	71.00
71.01	07101 COST OF SOLUTIONS	3,844,141		3,844,141	0	3,844,141	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,147,735		33,147,735	0	33,147,735	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	84,071,745		84,071,745	0	84,071,745	73.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,924,606		2,924,606	23,746	2,948,352	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,587,892		1,587,892	0	1,587,892	90.00
90.01	09001 ANTI COAG CLINIC	2,874,039		2,874,039	0	2,874,039	90.01
91.00	09100 EMERGENCY	24,132,503		24,132,503	188,754	24,321,257	91.00
91.01	09101 PARTIAL HOSPITALIZATION	496,217		496,217	0	496,217	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,299,466		13,299,466	0	13,299,466	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,227,463		3,227,463	0	3,227,463	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	13,465,241		13,465,241	0	13,465,241	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	16,186,267		16,186,267	0	16,186,267	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	10,979,350		10,979,350	0	10,979,350	116.00
200.00	Subtotal (see instructions)	625,608,243	0	625,608,243	410,015	626,018,258	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
201.00	Less Observation Beds	13,299,466		13,299,466		13,299,466	201.00
202.00	Total (see instructions)	612,308,777	0	612,308,777	410,015	612,718,792	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		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	215,303,184		215,303,184		30.00
31.00	03100	INTENSIVE CARE UNIT	93,845,427		93,845,427		31.00
31.01	03101	PEDIATRIC ICU	3,651,823		3,651,823		31.01
31.02	03102	NEONATAL ICU	26,566,128		26,566,128		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	27,325,965		27,325,965		40.00
41.00	04100	SUBPROVIDER - IRF	9,254,287		9,254,287		41.00
43.00	04300	NURSERY	4,994,100		4,994,100		43.00
44.00	04400	SKILLED NURSING FACILITY	8,069,659		8,069,659		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	221,475,073	138,883,785	360,358,858	0.101692	50.00
50.01	05001	CAREW MEDICAL PARK SURG	263,953	45,970,111	46,234,064	0.117086	50.01
51.00	05100	RECOVERY ROOM	26,089,621	51,270,508	77,360,129	0.170000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,369,087	0	3,369,087	0.438053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,199,992	267,654,147	403,854,139	0.068363	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,764	1,157,484	1,165,248	0.379950	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21,135	21,135	17.541566	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,379,137	73,686,110	76,065,247	0.135947	55.00
56.00	05600	RADIOISOTOPE	2,459,879	1,766,037	4,225,916	0.245742	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,776,455	11,947,977	23,724,432	0.126544	58.00
60.00	06000	LABORATORY	95,564,097	113,142,023	208,706,120	0.137544	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,775,718	4,432,967	9,208,685	0.256751	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,473,529	1,786,488	12,260,017	0.361462	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	31,535,819	3,527,631	35,063,450	0.228743	65.00
65.02	06502	DIALYSIS	4,839,958	353,802	5,193,760	0.524259	65.02
65.03	03330	ENDOSCOPY	19,017,225	70,483,704	89,500,929	0.102388	65.03
66.00	06600	PHYSICAL THERAPY	15,669,591	4,385,067	20,054,658	0.424759	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,231,771	307,611	13,539,382	0.306371	67.00
68.00	06800	SPEECH PATHOLOGY	4,243,396	254,587	4,497,983	0.286333	68.00
68.01	06801	NEURO REHAB	2,649	8,089,949	8,092,598	0.360046	68.01
69.00	06900	ELECTROCARDIOLOGY	7,846,492	21,943,474	29,789,966	0.067339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,078,795	2,069,689	5,148,484	0.177153	70.00
70.01	03950	NUTRITION SUPPORT	313,156	72,572	385,728	3.274528	70.01
70.03	03952	CARDIAC CATH LAB	67,489,857	69,529,860	137,019,717	0.085570	70.03
70.04	03953	CARDIAC REHA SERVICES	804	1,407,216	1,408,020	0.366249	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,322,244	52,483,948	135,806,192	0.336818	71.00
71.01	07101	COST OF SOLUTIONS	54,824,883	12,909,702	67,734,585	0.056753	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,618,511	60,532,591	153,151,102	0.216438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	147,172,990	100,276,411	247,449,401	0.339753	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,961,623	7,796,625	13,758,248	0.212571	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	164,114	354,704	518,818	3.060595	90.00
90.01	09001	ANTI COAG CLINIC	14,221	3,358,700	3,372,921	0.852092	90.01
91.00	09100	EMERGENCY	59,920,535	124,539,924	184,460,459	0.130828	91.00
91.01	09101	PARTIAL HOSPITALIZATION	387	1,922,411	1,922,798	0.258070	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	37,462,142	0.355011	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	715,408	13,138,871	13,854,279	0.232958	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	75	20,592,570	20,592,645	0.653886	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	17,945,775	17,945,775		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	12,766,108	12,766,108		116.00
200.00		Subtotal (see instructions)	1,515,829,382	1,360,224,416	2,876,053,798		200.00
201.00		Less Observation Beds					201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/30/2017 7:41 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col . 6 + col . 7)			
6.00						9.00	10.00	
202.00	Total (see instructions)	1,515,829,382	1,360,224,416	2,876,053,798				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.101692			50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.117086			50.01
51.00	05100 RECOVERY ROOM	0.170000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.438053			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.068363			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.379950			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	17.541566			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.136990			55.00
56.00	05600 RADIOISOTOPE	0.245742			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.126544			58.00
60.00	06000 LABORATORY	0.137544			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.256751			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.228776			65.00
65.02	06502 DIALYSIS	0.524259			65.02
65.03	03330 ENDOSCOPY	0.102388			65.03
66.00	06600 PHYSICAL THERAPY	0.424759			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.306371			67.00
68.00	06800 SPEECH PATHOLOGY	0.286333			68.00
68.01	06801 NEURO REHAB	0.360046			68.01
69.00	06900 ELECTROCARDIOLOGY	0.067339			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177153			70.00
70.01	03950 NUTRITION SUPPORT	3.274528			70.01
70.03	03952 CARDIAC CATH LAB	0.086396			70.03
70.04	03953 CARDIAC REHA SERVICES	0.366249			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818			71.00
71.01	07101 COST OF SOLUTIONS	0.056753			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.216438			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.339753			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.214297			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.060595			90.00
90.01	09001 ANTI COAG CLINIC	0.852092			90.01
91.00	09100 EMERGENCY	0.131851			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.258070			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.355011			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.232958			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.653886			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,645,664	7,864,388	28,781,276	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	5,413,364	395,205	5,018,159	0	0	50.01
51.00	05100	RECOVERY ROOM	13,151,206	1,372,634	11,778,572	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,475,839	450,961	1,024,878	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,608,709	5,315,848	22,292,861	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	442,736	57,891	384,845	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	370,741	140,439	230,302	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,340,868	1,190,245	9,150,623	0	0	55.00
56.00	05600	RADIOISOTOPE	1,038,487	216,010	822,477	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,002,178	943,896	2,058,282	0	0	58.00
60.00	06000	LABORATORY	28,706,187	2,505,813	26,200,374	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,364,342	180,145	2,184,197	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,431,532	111,797	4,319,735	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,020,510	822,748	7,197,762	0	0	65.00
65.02	06502	DIALYSIS	2,722,877	145,526	2,577,351	0	0	65.02
65.03	03330	ENDOSCOPY	9,163,802	1,735,239	7,428,563	0	0	65.03
66.00	06600	PHYSICAL THERAPY	8,518,390	604,816	7,913,574	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,148,077	131,697	4,016,380	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,287,919	34,216	1,253,703	0	0	68.00
68.01	06801	NEURO REHAB	2,913,706	214,267	2,699,439	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,006,018	94,230	1,911,788	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,069	91,435	820,634	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1,263,077	36,656	1,226,421	0	0	70.01
70.03	03952	CARDIAC CATH LAB	11,724,787	2,077,005	9,647,782	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	515,686	93,515	422,171	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,741,992	1,327,508	44,414,484	0	0	71.00
71.01	07101	COST OF SOLUTIONS	3,844,141	188,707	3,655,434	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,147,735	964,964	32,182,771	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,071,745	4,437,915	79,633,830	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,924,606	163,097	2,761,509	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,587,892	67,868	1,520,024	0	0	90.00
90.01	09001	ANTI COAG CLINIC	2,874,039	129,374	2,744,665	0	0	90.01
91.00	09100	EMERGENCY	24,132,503	2,020,346	22,112,157	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	496,217	29,458	466,759	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,299,466	1,290,447	12,009,019	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,227,463	255,682	2,971,781	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,465,241	3,342,214	10,123,027	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	16,186,267	840,457	15,345,810	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,979,350	281,259	10,698,091	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	444,167,428	42,165,918	402,001,510	0	0	200.00
201.00		Less Observation Beds	13,299,466	1,290,447	12,009,019	0	0	201.00
202.00		Total (line 200 minus line 201)	430,867,962	40,875,471	389,992,491	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,645,664	360,358,858	0.101692	50.00
50.01	05001	CAREW MEDICAL PARK SURG	5,413,364	46,234,064	0.117086	50.01
51.00	05100	RECOVERY ROOM	13,151,206	77,360,129	0.170000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,475,839	3,369,087	0.438053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,608,709	403,854,139	0.068363	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	442,736	1,165,248	0.379950	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	370,741	21,135	17.541566	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,340,868	76,065,247	0.135947	55.00
56.00	05600	RADIOISOTOPE	1,038,487	4,225,916	0.245742	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,002,178	23,724,432	0.126544	58.00
60.00	06000	LABORATORY	28,706,187	208,706,120	0.137544	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,364,342	9,208,685	0.256751	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,431,532	12,260,017	0.361462	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,020,510	35,063,450	0.228743	65.00
65.02	06502	DIALYSIS	2,722,877	5,193,760	0.524259	65.02
65.03	03330	ENDOSCOPY	9,163,802	89,500,929	0.102388	65.03
66.00	06600	PHYSICAL THERAPY	8,518,390	20,054,658	0.424759	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,148,077	13,539,382	0.306371	67.00
68.00	06800	SPEECH PATHOLOGY	1,287,919	4,497,983	0.286333	68.00
68.01	06801	NEURO REHAB	2,913,706	8,092,598	0.360046	68.01
69.00	06900	ELECTROCARDIOLOGY	2,006,018	29,789,966	0.067339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	912,069	5,148,484	0.177153	70.00
70.01	03950	NUTRITION SUPPORT	1,263,077	385,728	3.274528	70.01
70.03	03952	CARDIAC CATH LAB	11,724,787	137,019,717	0.085570	70.03
70.04	03953	CARDIAC REHA SERVICES	515,686	1,408,020	0.366249	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,741,992	135,806,192	0.336818	71.00
71.01	07101	COST OF SOLUTIONS	3,844,141	67,734,585	0.056753	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,147,735	153,151,102	0.216438	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,071,745	247,449,401	0.339753	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,924,606	13,758,248	0.212571	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,587,892	518,818	3.060595	90.00
90.01	09001	ANTI COAG CLINIC	2,874,039	3,372,921	0.852092	90.01
91.00	09100	EMERGENCY	24,132,503	184,460,459	0.130828	91.00
91.01	09101	PARTIAL HOSPITALIZATION	496,217	1,922,798	0.258070	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,299,466	37,462,142	0.355011	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,227,463	13,854,279	0.232958	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	13,465,241	20,592,645	0.653886	95.00
99.10	09910	CORF	0	0	0.000000	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	10100	HOME HEALTH AGENCY	16,186,267	17,945,775	0.901954	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	10,979,350	12,766,108	0.860039	116.00
200.00		Subtotal (sum of lines 50 thru 199)	444,167,428	2,487,043,225		200.00
201.00		Less Observation Beds	13,299,466	0		201.00
202.00		Total (line 200 minus line 201)	430,867,962	2,487,043,225		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII		Hospital
				PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,934,826	0	8,934,826	109,895	81.30	30.00
31.00	INTENSIVE CARE UNIT	4,351,254		4,351,254	35,633	122.11	31.00
31.01	PEDIATRIC ICU	284,211		284,211	1,071	265.37	31.01
31.02	NEONATAL ICU	798,054		798,054	7,571	105.41	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,536,088	0	1,536,088	19,778	77.67	40.00
41.00	SUBPROVIDER - IRF	548,281	0	548,281	6,629	82.71	41.00
43.00	NURSERY	219,236		219,236	5,557	39.45	43.00
44.00	SKILLED NURSING FACILITY	705,326		705,326	13,059	54.01	44.00
200.00	Total (lines 30-199)	17,377,276		17,377,276	199,193		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	33,022	2,684,689				30.00
31.00	INTENSIVE CARE UNIT	6,595	805,315				31.00
31.01	PEDIATRIC ICU	0	0				31.01
31.02	NEONATAL ICU	0	0				31.02
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	5,330	413,981				40.00
41.00	SUBPROVIDER - IRF	2,187	180,887				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	4,843	261,570				44.00
200.00	Total (lines 30-199)	51,977	4,346,442				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,864,388	360,358,858	0.021824	65,398,109	1,427,248	50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0	50.01
51.00	05100	RECOVERY ROOM	1,372,634	77,360,129	0.017743	5,979,042	106,086	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	44,510,627	585,893	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	796,025	12,456	55.00
56.00	05600	RADIOISOTOPE	216,010	4,225,916	0.051116	836,883	42,778	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	3,406,538	135,533	58.00
60.00	06000	LABORATORY	2,505,813	208,706,120	0.012006	28,306,315	339,846	60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	2,246,163	43,942	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	4,914,737	44,817	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	822,748	35,063,450	0.023465	11,706,297	274,688	65.00
65.02	06502	DIALYSIS	145,526	5,193,760	0.028019	2,133,081	59,767	65.02
65.03	03330	ENDOSCOPY	1,735,239	89,500,929	0.019388	4,337,791	84,101	65.03
66.00	06600	PHYSICAL THERAPY	604,816	20,054,658	0.030158	3,094,584	93,326	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	2,331,924	22,683	67.00
68.00	06800	SPEECH PATHOLOGY	34,216	4,497,983	0.007607	821,996	6,253	68.00
68.01	06801	NEURO REHAB	214,267	8,092,598	0.026477	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	6,356,604	20,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	438,881	7,795	70.00
70.01	03950	NUTRITION SUPPORT	36,656	385,728	0.095031	96,667	9,186	70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	19,207,060	291,141	70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	534	35	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	22,088,514	215,915	71.00
71.01	07101	COST OF SOLUTIONS	188,707	67,734,585	0.002786	2,626,850	7,318	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	31,941,452	201,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	56,351,025	1,010,656	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	1,001,053	11,866	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,868	518,818	0.130813	39,112	5,116	90.00
90.01	09001	ANTI COAG CLINIC	129,374	3,372,921	0.038357	1,053	40	90.01
91.00	09100	EMERGENCY	2,020,346	184,460,459	0.010953	15,150,300	165,941	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,290,447	37,462,142	0.034447	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	37,701,988	2,435,738,697		336,119,217	5,225,795	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	551	0	0	551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50	0	0	50	31.00
31.01	03101	PEDIATRIC ICU	0	10	0	0	10	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	5	0	0	5	40.00
41.00	04100	SUBPROVIDER - IRF	0	1	0	0	1	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5	0	0	5	44.00
200.00		Total (lines 30-199)	0	623	0	0	623	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	109,895	0.01	33,022	330		30.00
31.00	03100	INTENSIVE CARE UNIT	35,633	0.00	6,595	0		31.00
31.01	03101	PEDIATRIC ICU	1,071	0.01	0	0		31.01
31.02	03102	NEONATAL ICU	7,571	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	19,778	0.00	5,330	0		40.00
41.00	04100	SUBPROVIDER - IRF	6,629	0.00	2,187	0		41.00
43.00	04300	NURSERY	5,557	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	13,059	0.00	4,843	0		44.00
200.00		Total (lines 30-199)	199,193		51,977	330		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	80	0	80	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	1,446,804	0	1,446,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	108	360,358,858	0.000000	0.000000	65,398,109	50.00
50.01	05001 CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00	05100 RECOVERY ROOM	17	77,360,129	0.000000	0.000000	5,979,042	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	44,510,627	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	796,025	55.00
56.00	05600 RADIOISOTOPE	0	4,225,916	0.000000	0.000000	836,883	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	3,406,538	58.00
60.00	06000 LABORATORY	125,347	208,706,120	0.000601	0.000601	28,306,315	60.00
60.01	06001 ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	2,246,163	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	4,914,737	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	11,706,297	65.00
65.02	06502 DIALYSIS	0	5,193,760	0.000000	0.000000	2,133,081	65.02
65.03	03330 ENDOSCOPY	16	89,500,929	0.000000	0.000000	4,337,791	65.03
66.00	06600 PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	3,094,584	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	2,331,924	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	821,996	68.00
68.01	06801 NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	6,356,604	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	438,881	70.00
70.01	03950 NUTRITION SUPPORT	5	385,728	0.000013	0.000013	96,667	70.01
70.03	03952 CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	19,207,060	70.03
70.04	03953 CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	534	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	22,088,514	71.00
71.01	07101 COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	2,626,850	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	31,941,452	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	56,351,025	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	1,001,053	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	518,818	0.000000	0.000000	39,112	90.00
90.01	09001 ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	1,053	90.01
91.00	09100 EMERGENCY	90	184,460,459	0.000000	0.000000	15,150,300	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	80	37,462,142	0.000002	0.000002	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,446,804	2,435,738,697			336,119,217	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	32,253,651	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	16,330,491	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,825,518	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1	23,295,154	23	55.00
56.00	05600 RADIOISOTOPE	0	1,182,501	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,649,944	0	58.00
60.00	06000 LABORATORY	17,012	117,286	70	60.00
60.01	06001 ANATOMICAL PATHOLOGY	9	4,040,913	16	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	93	1,134,868	22	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	12	2,229,346	2	65.00
65.02	06502 DIALYSIS	0	171,293	0	65.02
65.03	03330 ENDOSCOPY	0	10,068,736	0	65.03
66.00	06600 PHYSICAL THERAPY	12	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	4,604,284	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	66,357	0	70.00
70.01	03950 NUTRITION SUPPORT	1	17,580	0	70.01
70.03	03952 CARDIAC CATH LAB	0	17,247,756	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	434,921	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,847,362	0	71.00
71.01	07101 COST OF SOLUTIONS	0	5,657,592	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,336,522	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	300,633	28,029,156	149,536	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,092,085	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	120,864	0	90.00
90.01	09001 ANTI COAG CLINIC	0	335,978	12	90.01
91.00	09100 EMERGENCY	0	16,216,622	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,352,694	11	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	317,773	266,659,474	149,692	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges	Costs				
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.101692	32,253,651	0	0	3,279,938	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	16,330,491	0	0	2,776,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	58,825,518	0	0	4,021,489	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.135947	23,295,154	0	0	3,166,906	55.00
56.00	05600	RADIOISOTOPE	0.245742	1,182,501	0	0	290,590	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	5,649,944	0	0	714,967	58.00
60.00	06000	LABORATORY	0.137544	117,286	0	0	16,132	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	4,040,913	0	0	1,037,508	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	1,134,868	0	0	410,212	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228743	2,229,346	0	0	509,947	65.00
65.02	06502	DIALYSIS	0.524259	171,293	0	0	89,802	65.02
65.03	03330	ENDOSCOPY	0.102388	10,068,736	0	0	1,030,918	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0.360046	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	4,604,284	0	0	310,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	66,357	0	0	11,755	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	17,580	0	0	57,566	70.01
70.03	03952	CARDIAC CATH LAB	0.085570	17,247,756	0	0	1,475,890	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	434,921	0	0	159,289	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	11,847,362	0	0	3,990,405	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	5,657,592	0	0	321,085	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	19,336,522	0	0	4,185,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	28,029,156	0	0	9,522,990	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.212571	2,092,085	0	0	444,717	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3.060595	120,864	0	0	369,916	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	335,978	0	0	286,284	90.01
91.00	09100	EMERGENCY	0.130828	16,216,622	0	0	2,121,588	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	5,352,694	0	0	1,900,265	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.653886	0	0	0	0	95.00
200.00		Subtotal (see instructions)		266,659,474	0	0	42,501,548	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		266,659,474	0	0	42,501,548	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.02	06502	DIALYSIS	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	NEURO REHAB	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 7:41 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,864,388	360,358,858	0.021824	18,466	403	50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0	50.01
51.00	05100	RECOVERY ROOM	1,372,634	77,360,129	0.017743	13,460	239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	257,635	3,391	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	0	0	55.00
56.00	05600	RADIO SOTOPE	216,010	4,225,916	0.051116	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	19,579	779	58.00
60.00	06000	LABORATORY	2,505,813	208,706,120	0.012006	527,864	6,338	60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	1,637	32	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	822,748	35,063,450	0.023465	5,985	140	65.00
65.02	06502	DIALYSIS	145,526	5,193,760	0.028019	24,852	696	65.02
65.03	03330	ENDOSCOPY	1,735,239	89,500,929	0.019388	5,053	98	65.03
66.00	06600	PHYSICAL THERAPY	604,816	20,054,658	0.030158	52,787	1,592	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	25,827	251	67.00
68.00	06800	SPEECH PATHOLOGY	34,216	4,497,983	0.007607	12,412	94	68.00
68.01	06801	NEURO REHAB	214,267	8,092,598	0.026477	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	29,859	94	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	0	0	70.00
70.01	03950	NUTRITION SUPPORT	36,656	385,728	0.095031	4,045	384	70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	7,648	75	71.00
71.01	07101	COST OF SOLUTIONS	188,707	67,734,585	0.002786	13,428	37	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	644,447	11,558	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,868	518,818	0.130813	224	29	90.00
90.01	09001	ANTI COAG CLINIC	129,374	3,372,921	0.038357	0	0	90.01
91.00	09100	EMERGENCY	2,020,346	184,460,459	0.010953	616,159	6,749	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	36,411,541	2,435,738,697		2,281,367	32,979	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	1,446,724	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108	360,358,858	0.000000	0.000000	18,466	50.00
50.01	05001	CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	17	77,360,129	0.000000	0.000000	13,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	257,635	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	0	55.00
56.00	05600	RADIOISOTOPE	0	4,225,916	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	19,579	58.00
60.00	06000	LABORATORY	125,347	208,706,120	0.000601	0.000601	527,864	60.00
60.01	06001	ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	1,637	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	5,985	65.00
65.02	06502	DIALYSIS	0	5,193,760	0.000000	0.000000	24,852	65.02
65.03	03330	ENDOSCOPY	16	89,500,929	0.000000	0.000000	5,053	65.03
66.00	06600	PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	52,787	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	25,827	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	12,412	68.00
68.01	06801	NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	29,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	0	70.00
70.01	03950	NUTRITION SUPPORT	5	385,728	0.000013	0.000013	4,045	70.01
70.03	03952	CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	7,648	71.00
71.01	07101	COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	13,428	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	644,447	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	518,818	0.000000	0.000000	224	90.00
90.01	09001	ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	0	90.01
91.00	09100	EMERGENCY	90	184,460,459	0.000000	0.000000	616,159	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	1,446,724	2,435,738,697			2,281,367	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	317	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,438	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	3,755	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 7:41 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,864,388	360,358,858	0.021824	94,155	2,055	50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0	50.01
51.00	05100	RECOVERY ROOM	1,372,634	77,360,129	0.017743	19,263	342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	245,663	3,234	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	0	0	55.00
56.00	05600	RADIO SOTOPE	216,010	4,225,916	0.051116	4,553	233	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	24,780	986	58.00
60.00	06000	LABORATORY	2,505,813	208,706,120	0.012006	350,210	4,205	60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	3,256	64	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	4,253	39	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	822,748	35,063,450	0.023465	66,473	1,560	65.00
65.02	06502	DIALYSIS	145,526	5,193,760	0.028019	34,864	977	65.02
65.03	03330	ENDOSCOPY	1,735,239	89,500,929	0.019388	14,386	279	65.03
66.00	06600	PHYSICAL THERAPY	604,816	20,054,658	0.030158	1,084,174	32,697	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	1,046,187	10,176	67.00
68.00	06800	SPEECH PATHOLOGY	34,216	4,497,983	0.007607	501,666	3,816	68.00
68.01	06801	NEURO REHAB	214,267	8,092,598	0.026477	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	5,747	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	7,518	134	70.00
70.01	03950	NUTRITION SUPPORT	36,656	385,728	0.095031	5,339	507	70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	965	15	70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	99,699	975	71.00
71.01	07101	COST OF SOLUTIONS	188,707	67,734,585	0.002786	74,053	206	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	31,187	197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	433,204	7,770	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,868	518,818	0.130813	3,769	493	90.00
90.01	09001	ANTI COAG CLINIC	129,374	3,372,921	0.038357	0	0	90.01
91.00	09100	EMERGENCY	2,020,346	184,460,459	0.010953	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	36,411,541	2,435,738,697		4,155,364	70,978	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am				
Title XVIII			Subprovider - IRF	PPS				
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	1,446,724	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	108	360,358,858	0.000000	0.000000	94,155	50.00
50.01	05001 CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00	05100 RECOVERY ROOM	17	77,360,129	0.000000	0.000000	19,263	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	245,663	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	0	55.00
56.00	05600 RADIOISOTOPE	0	4,225,916	0.000000	0.000000	4,553	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	24,780	58.00
60.00	06000 LABORATORY	125,347	208,706,120	0.000601	0.000601	350,210	60.00
60.01	06001 ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	3,256	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	4,253	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	66,473	65.00
65.02	06502 DIALYSIS	0	5,193,760	0.000000	0.000000	34,864	65.02
65.03	03330 ENDOSCOPY	16	89,500,929	0.000000	0.000000	14,386	65.03
66.00	06600 PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	1,084,174	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	1,046,187	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	501,666	68.00
68.01	06801 NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	5,747	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	7,518	70.00
70.01	03950 NUTRITION SUPPORT	5	385,728	0.000013	0.000013	5,339	70.01
70.03	03952 CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	965	70.03
70.04	03953 CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	99,699	71.00
71.01	07101 COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	74,053	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	31,187	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	433,204	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	518,818	0.000000	0.000000	3,769	90.00
90.01	09001 ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	0	90.01
91.00	09100 EMERGENCY	90	184,460,459	0.000000	0.000000	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,446,724	2,435,738,697			4,155,364	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	210	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	4	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,311	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	2,525	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am				
Cost Center Description			Title XVIII	Skilled Nursing Facility	PPS			
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	1,446,724	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am		
				Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108	360,358,858	0.000000	0.000000	2,692	50.00
50.01	05001	CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	17	77,360,129	0.000000	0.000000	17,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	216,699	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	96,013	55.00
56.00	05600	RADIOISOTOPE	0	4,225,916	0.000000	0.000000	3,277	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	12,157	58.00
60.00	06000	LABORATORY	125,347	208,706,120	0.000601	0.000601	525,908	60.00
60.01	06001	ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	2,300	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	23,916	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	225,858	65.00
65.02	06502	DIALYSIS	0	5,193,760	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	16	89,500,929	0.000000	0.000000	0	65.03
66.00	06600	PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	1,416,277	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	1,272,644	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	196,906	68.00
68.01	06801	NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	6,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	748	70.00
70.01	03950	NUTRITION SUPPORT	5	385,728	0.000013	0.000013	85	70.01
70.03	03952	CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	1,719	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	227,014	71.00
71.01	07101	COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	15,077	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	15,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	2,079,705	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	518,818	0.000000	0.000000	1,510	90.00
90.01	09001	ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	0	90.01
91.00	09100	EMERGENCY	90	184,460,459	0.000000	0.000000	38	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	1,446,724	2,435,738,697			6,360,275	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	316	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	6	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,095	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	11,417	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,934,826	0	8,934,826	109,895	81.30	30.00	
31.00	INTENSIVE CARE UNIT	4,351,254		4,351,254	35,633	122.11	31.00	
31.01	PEDIATRIC ICU	284,211		284,211	1,071	265.37	31.01	
31.02	NEONATAL ICU	798,054		798,054	7,571	105.41	31.02	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
40.00	SUBPROVIDER - IPF	1,536,088	0	1,536,088	19,778	77.67	40.00	
41.00	SUBPROVIDER - IRF	548,281	0	548,281	6,629	82.71	41.00	
43.00	NURSERY	219,236		219,236	5,557	39.45	43.00	
44.00	SKILLED NURSING FACILITY	705,326		705,326	13,059	54.01	44.00	
200.00	Total (lines 30-199)	17,377,276		17,377,276	199,193		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,824	473,491					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	PEDIATRIC ICU	0	0					31.01
31.02	NEONATAL ICU	0	0					31.02
32.00	CORONARY CARE UNIT	0	0					32.00
40.00	SUBPROVIDER - IPF	594	46,136					40.00
41.00	SUBPROVIDER - IRF	264	21,835					41.00
43.00	NURSERY	16	631					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30-199)	6,698	542,093					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0021

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,864,388	360,358,858	0.021824	5,183,069	113,115	50.00
50.01	05001 CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0	50.01
51.00	05100 RECOVERY ROOM	1,372,634	77,360,129	0.017743	501,687	8,901	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	1,351,129	180,853	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	3,555,470	46,801	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	92,245	1,443	55.00
56.00	05600 RADIOISOTOPE	216,010	4,225,916	0.051116	67,433	3,447	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	314,755	12,523	58.00
60.00	06000 LABORATORY	2,505,813	208,706,120	0.012006	2,877,657	34,549	60.00
60.01	06001 ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	172,546	3,376	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	441,275	4,024	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	822,748	35,063,450	0.023465	2,051,182	48,131	65.00
65.02	06502 DIALYSIS	145,526	5,193,760	0.028019	141,001	3,951	65.02
65.03	03330 ENDOSCOPY	1,735,239	89,500,929	0.019388	341,102	6,613	65.03
66.00	06600 PHYSICAL THERAPY	604,816	20,054,658	0.030158	418,292	12,615	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	400,546	3,896	67.00
68.00	06800 SPEECH PATHOLOGY	34,216	4,497,983	0.007607	255,666	1,945	68.00
68.01	06801 NEURO REHAB	214,267	8,092,598	0.026477	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	132,481	419	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	70,714	1,256	70.00
70.01	03950 NUTRITION SUPPORT	36,656	385,728	0.095031	11,125	1,057	70.01
70.03	03952 CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	667,104	10,112	70.03
70.04	03953 CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	1,892,977	18,504	71.00
71.01	07101 COST OF SOLUTIONS	188,707	67,734,585	0.002786	1,837,912	5,120	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	903,174	5,691	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	5,027,068	90,160	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	657	8	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	67,868	518,818	0.130813	4,841	633	90.00
90.01	09001 ANTI COAG CLINIC	129,374	3,372,921	0.038357	0	0	90.01
91.00	09100 EMERGENCY	2,020,346	184,460,459	0.010953	1,077,927	11,807	91.00
91.01	09101 PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,290,447	37,462,142	0.034447	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	37,701,988	2,435,738,697		29,791,035	630,950	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description			Title XIX				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	551	0	0	551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50	0	0	50	31.00
31.01	03101	PEDIATRIC ICU	0	10	0	0	10	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	5	0	0	5	40.00
41.00	04100	SUBPROVIDER - IRF	0	1	0	0	1	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5	0	0	5	44.00
200.00		Total (lines 30-199)	0	623	0	0	623	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	109,895	0.01	5,824	58		30.00
31.00	03100	INTENSIVE CARE UNIT	35,633	0.00	0	0		31.00
31.01	03101	PEDIATRIC ICU	1,071	0.01	0	0		31.01
31.02	03102	NEONATAL ICU	7,571	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	19,778	0.00	594	0		40.00
41.00	04100	SUBPROVIDER - IRF	6,629	0.00	264	0		41.00
43.00	04300	NURSERY	5,557	0.00	16	0		43.00
44.00	04400	SKILLED NURSING FACILITY	13,059	0.00	0	0		44.00
200.00		Total (lines 30-199)	199,193		6,698	58		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	108	0	0	108	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	80	0	0	80	50.01
51.00 05100 RECOVERY ROOM	0	0	17	0	0	17	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	161	0	0	161	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	71	0	0	71	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	125,347	0	0	125,347	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	38	0	0	38	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	0	228	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	50	0	0	50	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	16	0	0	16	65.03
66.00 06600 PHYSICAL THERAPY	0	0	88	0	0	88	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0	0	67	0	0	67	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	5	0	0	5	70.01
70.03 03952 CARDIAC CATH LAB	0	0	9	0	0	9	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	0	1,320,232	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	117	0	0	117	90.01
91.00 09100 EMERGENCY	0	0	90	0	0	90	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	1,446,724	0	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	108	360,358,858	0.000000	0.000000	5,183,069	50.00
50.01 05001 CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00 05100 RECOVERY ROOM	17	77,360,129	0.000000	0.000000	501,687	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	1,351,129	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	3,555,470	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	92,245	55.00
56.00 05600 RADIOISOTOPE	0	4,225,916	0.000000	0.000000	67,433	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	314,755	58.00
60.00 06000 LABORATORY	125,347	208,706,120	0.000601	0.000601	2,877,657	60.00
60.01 06001 ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	172,546	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	441,275	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00 06500 RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	2,051,182	65.00
65.02 06502 DIALYSIS	0	5,193,760	0.000000	0.000000	141,001	65.02
65.03 03330 ENDOSCOPY	16	89,500,929	0.000000	0.000000	341,102	65.03
66.00 06600 PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	418,292	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	400,546	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	255,666	68.00
68.01 06801 NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	132,481	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	70,714	70.00
70.01 03950 NUTRITION SUPPORT	5	385,728	0.000013	0.000013	11,125	70.01
70.03 03952 CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	667,104	70.03
70.04 03953 CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	1,892,977	71.00
71.01 07101 COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	1,837,912	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	903,174	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	5,027,068	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	657	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	518,818	0.000000	0.000000	4,841	90.00
90.01 09001 ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	0	90.01
91.00 09100 EMERGENCY	90	184,460,459	0.000000	0.000000	1,077,927	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	1,446,724	2,435,738,697			29,791,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	1,729	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	2	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,819	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	28,561	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.101692	0	0	3,739,805	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	0	0	1,031,095	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	0	0	4,091,654	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.135947	0	0	1,486,186	0	55.00
56.00	05600	RADIOISOTOPE	0.245742	0	0	69,365	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	0	0	407,359	0	58.00
60.00	06000	LABORATORY	0.137544	0	0	1,803,637	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	0	0	196,899	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	0	0	28,034	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228743	0	0	219,406	0	65.00
65.02	06502	DIALYSIS	0.524259	0	0	6,954	0	65.02
65.03	03330	ENDOSCOPY	0.102388	0	0	231,101	0	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	0	0	284,522	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	0	0	177,725	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	0	0	254,587	0	68.00
68.01	06801	NEURO REHAB	0.360046	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	0	0	200,444	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	0	0	80,592	0	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	0	0	3,973	0	70.01
70.03	03952	CARDIAC CATH LAB	0.085570	0	0	67,795	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	0	5,427	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	0	0	651,432	0	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	0	0	1,123,165	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	0	0	969,554	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	0	0	3,061,823	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.212571	0	0	148,836	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3.060595	0	0	7,819	0	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	0	4,104	0	90.01
91.00	09100	EMERGENCY	0.130828	0	0	3,944,268	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	0	34,096	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.653886	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	24,331,657	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	24,331,657	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	380,308		50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0		50.01
51.00 05100 RECOVERY ROOM	0	175,286		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	279,718		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	202,043		55.00
56.00 05600 RADIOISOTOPE	0	17,046		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	51,549		58.00
60.00 06000 LABORATORY	0	248,079		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	50,554		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,133		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	50,188		65.00
65.02 06502 DIALYSIS	0	3,646		65.02
65.03 03330 ENDOSCOPY	0	23,662		65.03
66.00 06600 PHYSICAL THERAPY	0	120,853		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	54,450		67.00
68.00 06800 SPEECH PATHOLOGY	0	72,897		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	13,498		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	14,277		70.00
70.01 03950 NUTRITION SUPPORT	0	13,010		70.01
70.03 03952 CARDIAC CATH LAB	0	5,801		70.03
70.04 03953 CARDIAC REHA SERVICES	0	1,988		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	219,414		71.00
71.01 07101 COST OF SOLUTIONS	0	63,743		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	209,848		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,040,264		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	31,638		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	23,931		90.00
90.01 09001 ANTI COAG CLINIC	0	3,497		90.01
91.00 09100 EMERGENCY	0	516,021		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,104		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	3,909,446	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	3,909,446	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 7:41 am		
Title XIX				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,864,388	360,358,858	0.021824	4,677	102	50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0	50.01
51.00	05100	RECOVERY ROOM	1,372,634	77,360,129	0.017743	4,720	84	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	56,772	747	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	0	0	55.00
56.00	05600	RADIO SOTOPE	216,010	4,225,916	0.051116	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	0	0	58.00
60.00	06000	LABORATORY	2,505,813	208,706,120	0.012006	95,735	1,149	60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	822,748	35,063,450	0.023465	205	5	65.00
65.02	06502	DIALYSIS	145,526	5,193,760	0.028019	0	0	65.02
65.03	03330	ENDOSCOPY	1,735,239	89,500,929	0.019388	3,351	65	65.03
66.00	06600	PHYSICAL THERAPY	604,816	20,054,658	0.030158	413	12	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	34,216	4,497,983	0.007607	0	0	68.00
68.01	06801	NEURO REHAB	214,267	8,092,598	0.026477	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	7,462	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	0	0	70.00
70.01	03950	NUTRITION SUPPORT	36,656	385,728	0.095031	550	52	70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	1,717	17	71.00
71.01	07101	COST OF SOLUTIONS	188,707	67,734,585	0.002786	8,807	25	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	178,133	3,195	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,868	518,818	0.130813	0	0	90.00
90.01	09001	ANTI COAG CLINIC	129,374	3,372,921	0.038357	0	0	90.01
91.00	09100	EMERGENCY	2,020,346	184,460,459	0.010953	331,760	3,634	91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	36,411,541	2,435,738,697		694,302	9,111	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am				
Title XIX			Subprovider - IPF	PPS				
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	1,446,724	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108	360,358,858	0.000000	0.000000	4,677	50.00
50.01	05001	CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002	0	50.01
51.00	05100	RECOVERY ROOM	17	77,360,129	0.000000	0.000000	4,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000	56,772	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001	0	55.00
56.00	05600	RADIOISOTOPE	0	4,225,916	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	125,347	208,706,120	0.000601	0.000601	95,735	60.00
60.01	06001	ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001	205	65.00
65.02	06502	DIALYSIS	0	5,193,760	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	16	89,500,929	0.000000	0.000000	3,351	65.03
66.00	06600	PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004	413	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000	0	68.00
68.01	06801	NEURO REHAB	67	8,092,598	0.000008	0.000008	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000	7,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000	0	70.00
70.01	03950	NUTRITION SUPPORT	5	385,728	0.000013	0.000013	550	70.01
70.03	03952	CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000	1,717	71.00
71.01	07101	COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000	8,807	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335	178,133	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	518,818	0.000000	0.000000	0	90.00
90.01	09001	ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035	0	90.01
91.00	09100	EMERGENCY	90	184,460,459	0.000000	0.000000	331,760	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	1,446,724	2,435,738,697			694,302	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	58	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	950	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	1,008	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
		Title XIX	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.101692	0	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	0	0	1,311	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.135947	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.245742	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	0	0	0	58.00
60.00	06000	LABORATORY	0.137544	0	0	6,108	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228743	0	0	64	65.00
65.02	06502	DIALYSIS	0.524259	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.102388	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	0	0	0	68.00
68.01	06801	NEURO REHAB	0.360046	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	0	0	574	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.085570	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	0	0	122	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	0	0	594	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	0	0	2,553	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.212571	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3.060595	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	0	0	90.01
91.00	09100	EMERGENCY	0.130828	0	0	45,694	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	0	19,586	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.653886	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	76,606	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	76,606	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/30/2017 7:41 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	90	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	840	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	15	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	39	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	41	71.00
71.01 07101 COST OF SOLUTIONS	0	34	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	867	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTICOAG CLINIC	0	0	90.01
91.00 09100 EMERGENCY	0	5,978	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,953	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	14,857	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	14,857	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/30/2017 7:41 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,864,388	360,358,858	0.021824	0	0 50.00
50.01	05001	CAREW MEDICAL PARK SURG	395,205	46,234,064	0.008548	0	0 50.01
51.00	05100	RECOVERY ROOM	1,372,634	77,360,129	0.017743	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450,961	3,369,087	0.133853	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,315,848	403,854,139	0.013163	0	0 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	57,891	1,165,248	0.049681	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	140,439	21,135	6.644855	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,190,245	76,065,247	0.015648	0	0 55.00
56.00	05600	RADIO SOTOPE	216,010	4,225,916	0.051116	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	943,896	23,724,432	0.039786	0	0 58.00
60.00	06000	LABORATORY	2,505,813	208,706,120	0.012006	0	0 60.00
60.01	06001	ANATOMICAL PATHOLOGY	180,145	9,208,685	0.019563	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	111,797	12,260,017	0.009119	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	822,748	35,063,450	0.023465	0	0 65.00
65.02	06502	DIALYSIS	145,526	5,193,760	0.028019	0	0 65.02
65.03	03330	ENDOSCOPY	1,735,239	89,500,929	0.019388	0	0 65.03
66.00	06600	PHYSICAL THERAPY	604,816	20,054,658	0.030158	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	131,697	13,539,382	0.009727	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	34,216	4,497,983	0.007607	0	0 68.00
68.01	06801	NEURO REHAB	214,267	8,092,598	0.026477	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	94,230	29,789,966	0.003163	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,435	5,148,484	0.017760	0	0 70.00
70.01	03950	NUTRITION SUPPORT	36,656	385,728	0.095031	0	0 70.01
70.03	03952	CARDIAC CATH LAB	2,077,005	137,019,717	0.015158	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	93,515	1,408,020	0.066416	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,327,508	135,806,192	0.009775	0	0 71.00
71.01	07101	COST OF SOLUTIONS	188,707	67,734,585	0.002786	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	964,964	153,151,102	0.006301	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,437,915	247,449,401	0.017935	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,097	13,758,248	0.011854	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	67,868	518,818	0.130813	0	0 90.00
90.01	09001	ANTI COAG CLINIC	129,374	3,372,921	0.038357	0	0 90.01
91.00	09100	EMERGENCY	2,020,346	184,460,459	0.010953	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	29,458	1,922,798	0.015320	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	255,682	13,854,279	0.018455	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	36,411,541	2,435,738,697		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am				
Title XIX			Subprovider - IRF	PPS				
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	108	0	108	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	80	0	80	50.01
51.00	05100	RECOVERY ROOM	0	0	17	0	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	161	0	161	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	71	0	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	125,347	0	125,347	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	38	0	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	228	0	228	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	50	0	50	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	16	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	88	0	88	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	67	0	67	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	5	0	5	70.01
70.03	03952	CARDIAC CATH LAB	0	0	9	0	9	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,320,232	0	1,320,232	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	117	0	117	90.01
91.00	09100	EMERGENCY	0	0	90	0	90	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	1,446,724	0	1,446,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	108	360,358,858	0.000000	0.000000		0 50.00
50.01	05001 CAREW MEDICAL PARK SURG	80	46,234,064	0.000002	0.000002		0 50.01
51.00	05100 RECOVERY ROOM	17	77,360,129	0.000000	0.000000		0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,369,087	0.000000	0.000000		0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	161	403,854,139	0.000000	0.000000		0 54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000		0 54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000		0 54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000		0 54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000		0 54.04
54.05	05405 RADIOLOGY - NHMP	0	1,165,248	0.000000	0.000000		0 54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0.000000		0 54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0.000000		0 54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	21,135	0.000000	0.000000		0 54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000		0 54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	71	76,065,247	0.000001	0.000001		0 55.00
56.00	05600 RADIOISOTOPE	0	4,225,916	0.000000	0.000000		0 56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	23,724,432	0.000000	0.000000		0 58.00
60.00	06000 LABORATORY	125,347	208,706,120	0.000601	0.000601		0 60.00
60.01	06001 ANATOMICAL PATHOLOGY	38	9,208,685	0.000004	0.000004		0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	228	12,260,017	0.000019	0.000019		0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
65.00	06500 RESPIRATORY THERAPY	50	35,063,450	0.000001	0.000001		0 65.00
65.02	06502 DIALYSIS	0	5,193,760	0.000000	0.000000		0 65.02
65.03	03330 ENDOSCOPY	16	89,500,929	0.000000	0.000000		0 65.03
66.00	06600 PHYSICAL THERAPY	88	20,054,658	0.000004	0.000004		0 66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000		0 66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000		0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0	13,539,382	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	4,497,983	0.000000	0.000000		0 68.00
68.01	06801 NEURO REHAB	67	8,092,598	0.000008	0.000008		0 68.01
69.00	06900 ELECTROCARDIOLOGY	0	29,789,966	0.000000	0.000000		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,148,484	0.000000	0.000000		0 70.00
70.01	03950 NUTRITION SUPPORT	5	385,728	0.000013	0.000013		0 70.01
70.03	03952 CARDIAC CATH LAB	9	137,019,717	0.000000	0.000000		0 70.03
70.04	03953 CARDIAC REHA SERVICES	0	1,408,020	0.000000	0.000000		0 70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	135,806,192	0.000000	0.000000		0 71.00
71.01	07101 COST OF SOLUTIONS	0	67,734,585	0.000000	0.000000		0 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	153,151,102	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,320,232	247,449,401	0.005335	0.005335		0 73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000		0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	13,758,248	0.000000	0.000000		0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	518,818	0.000000	0.000000		0 90.00
90.01	09001 ANTI COAG CLINIC	117	3,372,921	0.000035	0.000035		0 90.01
91.00	09100 EMERGENCY	90	184,460,459	0.000000	0.000000		0 91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	1,922,798	0.000000	0.000000		0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	37,462,142	0.000000	0.000000		0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	13,854,279	0.000000	0.000000		0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						0 95.00
200.00	Total (Lines 50-199)	1,446,724	2,435,738,697				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/30/2017 7:41 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		109,895	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		109,895	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)		94,023	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)		33,022	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		92,083,393	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)		92,083,393	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		92,083,393	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		837.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,669,794	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)		27,669,794	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		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	44,811,520	35,633	1,257.58	6,595	8,293,740	43.00
43.01	PEDIATRIC ICU	2,909,437	1,071	2,716.56	0	0	43.01
43.02	NEONATAL ICU	7,654,909	7,571	1,011.08	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					62,669,236	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					98,632,770	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)					3,490,334	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,543,568	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,033,902	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					89,598,868	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)					15,872	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					837.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,299,466	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 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	8,934,826	92,083,393	0.097030	13,299,466	1,290,447	90.00
91.00	Nursing School cost	0	92,083,393	0.000000	13,299,466	0	91.00
92.00	Allied health cost	551	92,083,393	0.000006	13,299,466	80	92.00
93.00	All other Medical Education	0	92,083,393	0.000000	13,299,466	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,778	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,778	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)		19,778	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)		5,330	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,074,622	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)		16,074,622	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,074,622	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		812.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,331,958	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,331,958	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Component CCN: 15-S021				Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					465,560	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,797,518	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)					413,981	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,734	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					450,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,346,803	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,536,088	16,074,622	0.095560	0	0	90.00
91.00	Nursing School cost	0	16,074,622	0.000000	0	0	91.00
92.00	Allied health cost	5	16,074,622	0.000000	0	0	92.00
93.00	All other Medical Education	0	16,074,622	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,629	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,629	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,629	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,187	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,467,518	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)		5,467,518	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,467,518	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		824.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,803,816	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,803,816	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1		
				Component CCN: 15-T021		Date/Time Prepared: 5/30/2017 7:41 am		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,266,612		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,070,428		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)						180,887		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						73,503		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						254,390		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,816,038		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	548,281	5,467,518	0.100280	0	0	90.00
91.00	Nursing School cost	0	5,467,518	0.000000	0	0	91.00
92.00	Allied health cost	1	5,467,518	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,467,518	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,059	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,059	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)		13,059	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,843	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,187,359	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)		7,187,359	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,187,359	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
				Component CCN: 15-5516		Date/Time Prepared: 5/30/2017 7:41 am
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
43.01 PEDIATRIC ICU						43.01
43.02 NEONATAL ICU						43.02
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					7,187,359	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					550.38	71.00
72.00 Program routine service cost (line 9 x line 71)					2,665,490	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					2,665,490	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					2,665,490	83.00
84.00 Program inpatient ancillary services (see instructions)					2,007,460	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					4,672,950	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		109,895	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		109,895	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)		94,023	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)		5,824	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)		5,557	15.00
16.00	Nursery days (title V or XIX only)		16	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		92,083,393	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)		92,083,393	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		92,083,393	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		837.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,880,046	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,880,046	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		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)	5,255,960	5,557	945.83	16	15,133	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	44,811,520	35,633	1,257.58	0	0	43.00
43.01	PEDIATRIC ICU	2,909,437	1,071	2,716.56	0	0	43.01
43.02	NEONATAL ICU	7,654,909	7,571	1,011.08	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,985,575	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,880,754	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)					474,180	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					659,511	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,133,691	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,747,063	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)					15,872	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					837.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,299,466	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0021

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

Worksheet D-1
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	8,934,826	92,083,393	0.097030	13,299,466	1,290,447	90.00
91.00 Nursing School cost	0	92,083,393	0.000000	13,299,466	0	91.00
92.00 Allied health cost	551	92,083,393	0.000006	13,299,466	80	92.00
93.00 All other Medical Education	0	92,083,393	0.000000	13,299,466	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,778	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,778	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)		19,778	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)		594	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)		5,557	15.00
16.00	Nursery days (title V or XIX only)		16	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,074,622	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)		16,074,622	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,074,622	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		812.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		482,774	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)		482,774	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-S021	Date/Time Prepared: 5/30/2017 7:41 am		
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					126,537		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					609,311		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)					46,136		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,119		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					56,255		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					553,056		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,536,088	16,074,622	0.095560	0	0	90.00
91.00	Nursing School cost	0	16,074,622	0.000000	0	0	91.00
92.00	Allied health cost	5	16,074,622	0.000000	0	0	92.00
93.00	All other Medical Education	0	16,074,622	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,629	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,629	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,629	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)		264	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)		5,557	15.00
16.00	Nursery days (title V or XIX only)		16	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,467,518	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)		5,467,518	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,467,518	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		824.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		217,745	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)		217,745	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1		
				Component CCN: 15-T021	Date/Time Prepared: 5/30/2017 7:41 am			
				Title XIX	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						217,745		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)						21,835		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)						21,835		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						195,910		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	548,281	5,467,518	0.100280	0	0	90.00
91.00	Nursing School cost	0	5,467,518	0.000000	0	0	91.00
92.00	Allied health cost	1	5,467,518	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,467,518	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		55,048,207	30.00
31.00	03100	INTENSIVE CARE UNIT		20,252,788	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	65,398,109	6,650,465
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0
51.00	05100	RECOVERY ROOM	0.170000	5,979,042	1,016,437
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	44,510,627	3,042,880
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0
54.06	05406	RADIOLOGY - CMP	0.000000	0	0
54.07	05407	RADIOLOGY - WP	0.000000	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	796,025	109,047
56.00	05600	RADIOISOTOPE	0.245742	836,883	205,657
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	3,406,538	431,077
60.00	06000	LABORATORY	0.137544	28,306,315	3,893,364
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	2,246,163	576,705
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	4,914,737	1,776,491
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.228776	11,706,297	2,678,120
65.02	06502	DIALYSIS	0.524259	2,133,081	1,118,287
65.03	03330	ENDOSCOPY	0.102388	4,337,791	444,138
66.00	06600	PHYSICAL THERAPY	0.424759	3,094,584	1,314,452
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.306371	2,331,924	714,434
68.00	06800	SPEECH PATHOLOGY	0.286333	821,996	235,365
68.01	06801	NEURO REHAB	0.360046	0	0
69.00	06900	ELECTROCARDIOLOGY	0.067339	6,356,604	428,047
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	438,881	77,749
70.01	03950	NUTRITION SUPPORT	3.274528	96,667	316,539
70.03	03952	CARDIAC CATH LAB	0.086396	19,207,060	1,659,413
70.04	03953	CARDIAC REHA SERVICES	0.366249	534	196
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	22,088,514	7,439,809
71.01	07101	COST OF SOLUTIONS	0.056753	2,626,850	149,082
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	31,941,452	6,913,344
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	56,351,025	19,145,430
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.214297	1,001,053	214,523
76.99	07699	LI THOTRI PSY	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	39,112	119,706
90.01	09001	ANTI COAG CLINIC	0.852092	1,053	897
91.00	09100	EMERGENCY	0.131851	15,150,300	1,997,582
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		336,119,217	62,669,236
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	
202.00		Net Charges (line 200 minus line 201)		336,119,217	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		7,801,087	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	18,466	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	13,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	257,635	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	0	55.00
56.00	05600	RADIOISOTOPE	0.245742	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	19,579	58.00
60.00	06000	LABORATORY	0.137544	527,864	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	1,637	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228776	5,985	65.00
65.02	06502	DIALYSIS	0.524259	24,852	65.02
65.03	03330	ENDOSCOPY	0.102388	5,053	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	52,787	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	25,827	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	12,412	68.00
68.01	06801	NEURO REHAB	0.360046	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	29,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	0	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	4,045	70.01
70.03	03952	CARDIAC CATH LAB	0.086396	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	7,648	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	13,428	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	644,447	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.214297	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	224	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	90.01
91.00	09100	EMERGENCY	0.131851	616,159	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,281,367	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,281,367	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,148,539	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	94,155	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	19,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	245,663	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	0	55.00
56.00	05600	RADIOISOTOPE	0.245742	4,553	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	24,780	58.00
60.00	06000	LABORATORY	0.137544	350,210	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	3,256	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	4,253	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228776	66,473	65.00
65.02	06502	DIALYSIS	0.524259	34,864	65.02
65.03	03330	ENDOSCOPY	0.102388	14,386	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	1,084,174	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	1,046,187	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	501,666	68.00
68.01	06801	NEURO REHAB	0.360046	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	5,747	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	7,518	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	5,339	70.01
70.03	03952	CARDIAC CATH LAB	0.086396	965	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	99,699	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	74,053	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	31,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	433,204	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.214297	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	3,769	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	90.01
91.00	09100	EMERGENCY	0.131851	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,155,364	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)		4,155,364	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	2,692	274 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0 50.01
51.00	05100	RECOVERY ROOM	0.170000	17,685	3,006 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	216,699	14,814 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.135947	96,013	13,053 55.00
56.00	05600	RADIOISOTOPE	0.245742	3,277	805 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	12,157	1,538 58.00
60.00	06000	LABORATORY	0.137544	525,908	72,335 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	2,300	591 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	23,916	8,645 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.228743	225,858	51,663 65.00
65.02	06502	DIALYSIS	0.524259	0	0 65.02
65.03	03330	ENDOSCOPY	0.102388	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.424759	1,416,277	601,576 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	1,272,644	389,901 67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	196,906	56,381 68.00
68.01	06801	NEURO REHAB	0.360046	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	6,581	443 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	748	133 70.00
70.01	03950	NUTRITION SUPPORT	3.274528	85	278 70.01
70.03	03952	CARDIAC CATH LAB	0.085570	1,719	147 70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	227,014	76,462 71.00
71.01	07101	COST OF SOLUTIONS	0.056753	15,077	856 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	15,466	3,347 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	2,079,705	706,586 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.212571	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	1,510	4,621 90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	0 90.01
91.00	09100	EMERGENCY	0.130828	38	5 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,360,275	2,007,460 200.00
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)		6,360,275	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/30/2017 7:41 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,113,756	30.00
31.00	03100	INTENSIVE CARE UNIT		2,901,735	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		4,095,135	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		260,400	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		395,100	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	5,183,069	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	501,687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	1,351,129	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	3,555,470	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	92,245	55.00
56.00	05600	RADIOISOTOPE	0.245742	67,433	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	314,755	58.00
60.00	06000	LABORATORY	0.137544	2,877,657	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	172,546	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	441,275	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228776	2,051,182	65.00
65.02	06502	DIALYSIS	0.524259	141,001	65.02
65.03	03330	ENDOSCOPY	0.102388	341,102	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	418,292	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	400,546	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	255,666	68.00
68.01	06801	NEURO REHAB	0.360046	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	132,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	70,714	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	11,125	70.01
70.03	03952	CARDIAC CATH LAB	0.086396	667,104	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	1,892,977	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	1,837,912	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	903,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	5,027,068	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.214297	657	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	4,841	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	90.01
91.00	09100	EMERGENCY	0.131851	1,077,927	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		29,791,035	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)		29,791,035	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-S021		Date/Time Prepared: 5/30/2017 7:41 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,581,171	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	4,677	476 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	0 50.01
51.00	05100	RECOVERY ROOM	0.170000	4,720	802 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	56,772	3,881 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	0	0 55.00
56.00	05600	RADIOISOTOPE	0.245742	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	0	0 58.00
60.00	06000	LABORATORY	0.137544	95,735	13,168 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.228776	205	47 65.00
65.02	06502	DIALYSIS	0.524259	0	0 65.02
65.03	03330	ENDOSCOPY	0.102388	3,351	343 65.03
66.00	06600	PHYSICAL THERAPY	0.424759	413	175 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	0	0 68.00
68.01	06801	NEURO REHAB	0.360046	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	7,462	502 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	0	0 70.00
70.01	03950	NUTRITION SUPPORT	3.274528	550	1,801 70.01
70.03	03952	CARDIAC CATH LAB	0.086396	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	1,717	578 71.00
71.01	07101	COST OF SOLUTIONS	0.056753	8,807	500 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	178,133	60,521 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.214297	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	0 90.01
91.00	09100	EMERGENCY	0.131851	331,760	43,743 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		694,302	126,537 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		694,302	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 5/30/2017 7:41 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		547,400	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.101692	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.117086	0	50.01
51.00	05100	RECOVERY ROOM	0.170000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.438053	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.068363	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.379950	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	17.541566	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136990	0	55.00
56.00	05600	RADIOISOTOPE	0.245742	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.126544	0	58.00
60.00	06000	LABORATORY	0.137544	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.256751	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.361462	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.228776	0	65.00
65.02	06502	DIALYSIS	0.524259	0	65.02
65.03	03330	ENDOSCOPY	0.102388	0	65.03
66.00	06600	PHYSICAL THERAPY	0.424759	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.306371	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.286333	0	68.00
68.01	06801	NEURO REHAB	0.360046	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067339	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177153	0	70.00
70.01	03950	NUTRITION SUPPORT	3.274528	0	70.01
70.03	03952	CARDIAC CATH LAB	0.086396	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.366249	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336818	0	71.00
71.01	07101	COST OF SOLUTIONS	0.056753	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216438	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.339753	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.214297	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.060595	0	90.00
90.01	09001	ANTI COAG CLINIC	0.852092	0	90.01
91.00	09100	EMERGENCY	0.131851	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.258070	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.355011	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.232958	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		51,767,900	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,699,113	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		4,585,069	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		50,067,576	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		505.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.32	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		2.09	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		10.41	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.80	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)		10.41	12.00
13.00	Total allowable FTE count for the prior year.		10.41	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.71	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		9.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019204	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019254	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019204	21.00
22.00	IME payment adjustment (see instructions)		714,864	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		522,756	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.39	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)		1.80	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.003560	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000950	27.00
28.00	IME add-on adjustment amount (see instructions)		65,044	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		47,564	28.01
29.00	Total IME payment (sum of lines 22 and 28)		779,908	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		570,320	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.45	31.00
32.00	Sum of lines 30 and 31		30.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.01	33.00
34.00	Disproportionate share adjustment (see instructions)		2,398,058	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000871753	0.000845543	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,584,577	5,054,219	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,180,804	1,273,941	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,454,745		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	81,684,793		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		82,255,113	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,827,777	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).		479,313	52.00
53.00	Nursing and Allied Health Managed Care payment		88,854	53.00
54.00	Special add-on payments for new technologies		7,250	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).		330	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		317,773	58.00
59.00	Total (sum of amounts on lines 49 through 58)		89,976,410	59.00
60.00	Primary payer payments		89,976	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		89,886,434	61.00
62.00	Deductibles billed to program beneficiaries		7,012,460	62.00
63.00	Coinurance billed to program beneficiaries		194,691	63.00
64.00	Allowable bad debts (see instructions)		688,546	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		447,555	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		688,546	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		83,126,838	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-105,704	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			83,021,134	71.00
71.01	Sequestration adjustment (see instructions)			1,660,423	71.01
72.00	Interim payments			81,360,587	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			124	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			961,746	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,351,856	2.00
3.00	PPS payments		35,160,393	3.00
4.00	Outlier payment (see instructions)		433,820	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		149,692	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		35,743,905	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,638,757	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		29,105,148	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		183,266	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)		29,288,414	30.00
31.00	Primary payer payments		7,472	31.00
32.00	Subtotal (line 30 minus line 31)		29,280,942	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		617,498	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		401,374	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		617,498	36.00
37.00	Subtotal (see instructions)		29,682,316	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,682,316	40.00
40.01	Sequestration adjustment (see instructions)		593,646	40.01
41.00	Interim payments		29,047,330	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		41,340	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 7:41 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		81,248,787		28,952,330	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/05/2016	111,800	08/05/2016	95,000	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		111,800		95,000	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)		81,360,587		29,047,330	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		124		41,340	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		81,360,711		29,088,670	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-S021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,854,178		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,854,178		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,779		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,857,957		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-T021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,203,861		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,203,861		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		65,633		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,269,494		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-5516

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2017 7:41 am

Title XVIII

Skilled Nursing
Facility

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 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,745,282			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,745,282			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		10,949			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		1,756,231			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		30,061	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		39,617	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		27,596	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		138,298	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,876,053,798	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		42,530,054	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part II Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,513,168 1.00
2.00	Net IPF PPS Outlier Payments			16,844 2.00
3.00	Net IPF PPS ECT Payments			889 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			54.038251 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,530,901 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,530,901 16.00
17.00	Primary payer payments			3,161 17.00
18.00	Subtotal (line 16 less line 17).			4,527,740 18.00
19.00	Deductibles			552,300 19.00
20.00	Subtotal (line 18 minus line 19)			3,975,440 20.00
21.00	Coinsurance			42,504 21.00
22.00	Subtotal (line 20 minus line 21)			3,932,936 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,932,936 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			3,755 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,936,691 31.00
31.01	Sequestration adjustment (see instructions)			78,734 31.01
32.00	Interim payments			3,854,178 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			3,779 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			16,844 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,967,296 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0485 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			256,078 3.00
4.00	Outlier Payments			147,858 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			18.112022 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,371,232 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,371,232 17.00
18.00	Primary payer payments			13,067 18.00
19.00	Subtotal (line 17 less line 18).			3,358,165 19.00
20.00	Deductibles			10,304 20.00
21.00	Subtotal (line 19 minus line 20)			3,347,861 21.00
22.00	Coinsurance			14,168 22.00
23.00	Subtotal (line 21 minus line 22)			3,333,693 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,333,693 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,525 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,336,218 32.00
32.01	Sequestration adjustment (see instructions)			66,724 32.01
33.00	Interim payments			3,203,861 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			65,633 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			78,188 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			147,858 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,067,557	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		11,417	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,078,974	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		286,902	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,792,072	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,792,072	15.00
15.01	Sequestration adjustment (see instructions)		35,841	15.01
16.00	Interim payments		1,745,282	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		10,949	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 7:41 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.46	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			9.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.80	6.00
7.00	Enter the lesser of line 5 or line 6			9.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	18.80	0.00	18.80	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.99	0.00	9.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	9.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.59	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.49	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	12.49	0.00		17.00
18.00	Per resident amount	97,871.00	0.00		18.00
19.00	Approved amount for resident costs	1,222,409	0	1,222,409	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.81	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,012.00	23.00
24.00	Multiply line 22 time line 23			279,036	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,501,445	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,134	30,284		26.00
27.00	Total Inpatient Days (see instructions)	165,737	165,737		27.00
28.00	Ratio of inpatient days to total inpatient days	0.284390	0.182723		28.00
29.00	Program direct GME amount	426,996	274,349		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		38,766		30.00
31.00	Net Program direct GME amount			662,579	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		111,245,180	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		106,204	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		111,138,976	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,501,548	42.00
43.00	Primary payer payments (see instructions)		7,472	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,494,076	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		153,633,052	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.723405	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.276595	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		662,579	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		479,313	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		183,266	50.00

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

Provider CCN: 15-0021

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

Worksheet G

Date/Time Prepared:
5/30/2017 7:41 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-144,020	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	121,887,838	0	0	0	4.00
5.00	Other receivable	-435,532,153	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	17,390,188	0	0	0	7.00
8.00	Prepaid expenses	3,412,013	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-292,986,134	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,770,319	0	0	0	12.00
13.00	Land improvements	66,228,624	0	0	0	13.00
14.00	Accumulated depreciation	-20,980,683	0	0	0	14.00
15.00	Buildings	521,274,515	0	0	0	15.00
16.00	Accumulated depreciation	-216,801,322	0	0	0	16.00
17.00	Leasehold improvements	10,226,585	0	0	0	17.00
18.00	Accumulated depreciation	-6,141,737	0	0	0	18.00
19.00	Fixed equipment	18,849,722	0	0	0	19.00
20.00	Accumulated depreciation	-6,851,801	0	0	0	20.00
21.00	Automobiles and trucks	7,675,145	0	0	0	21.00
22.00	Accumulated depreciation	-7,121,328	0	0	0	22.00
23.00	Major movable equipment	396,308,289	0	0	0	23.00
24.00	Accumulated depreciation	-182,776,591	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	29,508,713	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	616,168,450	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,786,595	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	27,718,776	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	49,505,371	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	372,687,687	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	39,509,986	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,118,413	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,115,380	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,743,779	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,765,356	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,765,356	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,509,135	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	310,178,552				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)	310,178,552	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	372,687,687	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:
5/30/2017 7:41 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		304,337,384		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		134,054,641			2.00
3.00	Total (sum of line 1 and line 2)		438,392,025		0	3.00
4.00	ASSET TRANSFER ADDITIONS	9,763,023		0		4.00
5.00	ROUNDING	1		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)		9,763,024		0	10.00
11.00	Subtotal (line 3 plus line 10)		448,155,049		0	11.00
12.00	ASSET TRANSFER DEDUCTIONS	137,976,497		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)		137,976,497		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		310,178,552		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	ASSET TRANSFER ADDITIONS		0			4.00
5.00	ROUNDING		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	ASSET TRANSFER DEDUCTIONS		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: 15-0021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	150,293,450		150,293,450	1.00
2.00	SUBPROVIDER - IPF	27,689,520		27,689,520	2.00
3.00	SUBPROVIDER - IRF	9,280,530		9,280,530	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	7,574,220		7,574,220	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)	194,837,720		194,837,720	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	92,712,815		92,712,815	11.00
11.01	PEDIATRIC ICU	3,510,445		3,510,445	11.01
11.02	NEONATAL ICU	31,148,110		31,148,110	11.02
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	127,371,370		127,371,370	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	322,209,090		322,209,090	17.00
18.00	Ancillary services	1,226,332,741	1,408,621,687	2,634,954,428	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		17,945,775	17,945,775	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,766,108	12,766,108	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,548,541,831	1,439,333,570	2,987,875,401	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		804,251,047		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)		804,251,047		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:
5/30/2017 7:41 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,987,875,401	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,093,812,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	894,063,401	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	804,251,047	4.00
5.00	Net income from service to patients (line 3 minus line 4)	89,812,354	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	383,294	6.00
7.00	Income from investments	-457,902	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	2,700	12.00
13.00	Revenue from laundry and linen service	47,773	13.00
14.00	Revenue from meals sold to employees and guests	4,477,204	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	10,787,991	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	7,855,587	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	13,782,992	24.00
24.01	HEALTH FITNESS INCOME	198,950	24.01
24.02	OTHER OPERATING INCOME	6,720,177	24.02
25.00	Total other income (sum of lines 6-24)	43,798,766	25.00
26.00	Total (line 5 plus line 25)	133,611,120	26.00
27.00	UNREALIZED LOSS	-909,144	27.00
27.01	LOSS ON SALE OF ASSET	341,463	27.01
27.02	INCOME RELATED TO NON REIMBURSEABLE	-40,048	27.02
27.03	INTEREST EXPENSE	164,208	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	-443,521	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	134,054,641	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7423

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,418,772	454,185	0	0	1,441,456	3,314,413	5.00
HHA REIMBURSABLE SERVICES							
6.00	3,527,769	1,129,329	336,788	0	0	4,993,886	6.00
7.00	796,536	254,992	74,334	0	0	1,125,862	7.00
8.00	620,744	198,716	24,828	0	0	844,288	8.00
9.00	114,854	36,768	12,160	0	0	163,782	9.00
10.00	14,537	4,654	19,625	0	0	38,816	10.00
11.00	126,460	40,483	98,352	0	0	265,295	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	3,557,067	1,138,707	40,451	2,216,488	3,003,862	9,956,575	23.00
23.50	0	0	0	0	0	0	23.50
24.00	10,176,739	3,257,834	606,538	2,216,488	4,445,318	20,702,917	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-1,249,254	2,065,159	0	2,065,159			5.00
HHA REIMBURSABLE SERVICES							
6.00	-4,214,145	779,741	0	779,741			6.00
7.00	-3,653	1,122,209	0	1,122,209			7.00
8.00	-921	843,367	0	843,367			8.00
9.00	-560	163,222	0	163,222			9.00
10.00	-19,625	19,191	0	19,191			10.00
11.00	-132,462	132,833	0	132,833			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	-4,634,201	5,322,374	-344,468	4,977,906			23.00
23.50	0	0	0	0			23.50
24.00	-10,254,821	10,448,096	-344,468	10,103,628			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: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/30/2017 7:41 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,065,159	0	0	0	2,065,159	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	779,741	0	0	0	779,741	6.00
7.00	Physical Therapy	1,122,209	0	0	0	1,122,209	7.00
8.00	Occupational Therapy	843,367	0	0	0	843,367	8.00
9.00	Speech Pathology	163,222	0	0	0	163,222	9.00
10.00	Medical Social Services	19,191	0	0	0	19,191	10.00
11.00	Home Health Aide	132,833	0	0	0	132,833	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	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)	4,977,906	0	0	0	4,977,906	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	10,103,628	0	0	0	10,103,628	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,065,159					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	200,322	980,063				6.00
7.00	Physical Therapy	288,306	1,410,515				7.00
8.00	Occupational Therapy	216,669	1,060,036				8.00
9.00	Speech Pathology	41,933	205,155				9.00
10.00	Medical Social Services	4,930	24,121				10.00
11.00	Home Health Aide	34,126	166,959				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	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)	1,278,873	6,256,779				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		10,103,628				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2017 7:41 am

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Home Health Agency I	Administrative & General (ACCUM. COST)	PPS
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	0				0			1.00
2.00	Capital Related - Movable Equipment		0			0			2.00
3.00	Plant Operation & Maintenance	0	0	0		0			3.00
4.00	Transportation (see instructions)	0	0	0	0				4.00
5.00	Administrative and General	0	0	0	0	-2,065,159		8,038,469	5.00
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	0	0	0	0	0		779,741	6.00
7.00	Physical Therapy	0	0	0	0	0		1,122,209	7.00
8.00	Occupational Therapy	0	0	0	0	0		843,367	8.00
9.00	Speech Pathology	0	0	0	0	0		163,222	9.00
10.00	Medical Social Services	0	0	0	0	0		19,191	10.00
11.00	Home Health Aide	0	0	0	0	0		132,833	11.00
12.00	Supplies (see instructions)	0	0	0	0	0		0	12.00
13.00	Drugs	0	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0		0	14.00
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0	0	0	0		0	15.00
16.00	Respiratory Therapy	0	0	0	0	0		0	16.00
17.00	Private Duty Nursing	0	0	0	0	0		0	17.00
18.00	Clinic	0	0	0	0	0		0	18.00
19.00	Health Promotion Activities	0	0	0	0	0		0	19.00
20.00	Day Care Program	0	0	0	0	0		0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0		0	21.00
22.00	Homemaker Service	0	0	0	0	0		0	22.00
23.00	All Others (specify)	0	0	0	0	0		4,977,906	23.00
23.50	Telemedicine	0	0	0	0	0		0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,065,159		8,038,469	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0		2,065,159	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000			0.256909	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

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

Worksheet H-2 Part I

HHA CCN: 15-7423

Date/Time Prepared: 5/30/2017 7:41 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
0	1.00	2.00	4.00	5.01	5.02			
1.00 Administrative and General	0	205,901	52,874	1,011,244	17,296	19,431	1.00	
2.00 Skilled Nursing Care	980,063	0	0	0	0	0	2.00	
3.00 Physical Therapy	1,410,515	0	0	0	0	0	3.00	
4.00 Occupational Therapy	1,060,036	0	0	0	0	0	4.00	
5.00 Speech Pathology	205,155	0	0	0	0	0	5.00	
6.00 Medical Social Services	24,121	0	0	0	0	0	6.00	
7.00 Home Health Aide	166,959	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)	6,256,779	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)	10,103,628	205,901	52,874	1,011,244	17,296	19,431	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	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	1,097	0	305	0	1,308,148	411,572	1.00	
2.00 Skilled Nursing Care	0	0	0	0	980,063	308,349	2.00	
3.00 Physical Therapy	0	0	0	0	1,410,515	443,779	3.00	
4.00 Occupational Therapy	0	0	0	0	1,060,036	333,511	4.00	
5.00 Speech Pathology	0	0	0	0	205,155	64,546	5.00	
6.00 Medical Social Services	0	0	0	0	24,121	7,589	6.00	
7.00 Home Health Aide	0	0	0	0	166,959	52,529	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	6,256,779	1,968,521	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	1,097	0	305	0	11,411,776	3,590,396	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: 15-0021

Period:

Worksheet H-2

HHA CCN: 15-7423

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

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Home Health
Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	173,219	149,862	0	171,713	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	173,219	149,862	0	171,713	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		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2016

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	594,618	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	594,618	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		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	26,334	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	26,334	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2016

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	23.01
1.00 Administrative and General	0	0	0	68,349	2,903,815	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,288,412	0	2.00
3.00 Physical Therapy	0	0	0	0	1,854,294	0	3.00
4.00 Occupational Therapy	0	0	0	0	1,393,547	0	4.00
5.00 Speech Pathology	0	0	0	0	269,701	0	5.00
6.00 Medical Social Services	0	0	0	0	31,710	0	6.00
7.00 Home Health Aide	0	0	0	0	219,488	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	8,225,300	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	68,349	16,186,267	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	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	2,903,815						1.00
2.00 Skilled Nursing Care	1,288,412	281,673	1,570,085				2.00
3.00 Physical Therapy	1,854,294	405,386	2,259,680				3.00
4.00 Occupational Therapy	1,393,547	304,657	1,698,204				4.00
5.00 Speech Pathology	269,701	58,962	328,663				5.00
6.00 Medical Social Services	31,710	6,932	38,642				6.00
7.00 Home Health Aide	219,488	47,984	267,472				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	8,225,300	1,798,221	10,023,521				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	16,186,267	2,903,815	16,186,267				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.		0.218620					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: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/30/2017 7:41 am
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	17,607	32,692	7,677,403	172	475	868,140	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	17,607	32,692	7,677,403	172	475	868,140	20.00
21.00	Total cost to be allocated	205,901	52,874	1,011,244	17,296	19,431	1,097	21.00
22.00	Unit cost multiplier	11.694269	1.617338	0.131717	100.558140	40.907368	0.001264	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	17,945,775	0	0	1,308,148	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	980,063	0	2.00
3.00	Physical Therapy	0	0	0	0	1,410,515	0	3.00
4.00	Occupational Therapy	0	0	0	0	1,060,036	0	4.00
5.00	Speech Pathology	0	0	0	0	205,155	0	5.00
6.00	Medical Social Services	0	0	0	0	24,121	0	6.00
7.00	Home Health Aide	0	0	0	0	166,959	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	6,256,779	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	17,945,775	0		11,411,776	0	20.00
21.00	Total cost to be allocated	0	305	0		3,590,396	0	21.00
22.00	Unit cost multiplier	0.000000	0.000017	0.000000		0.314622	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2017 7:41 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	17,607	17,607	0	17,607	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	17,607	17,607	0	17,607	0	20.00
21.00	Total cost to be allocated	0	173,219	149,862	0	171,713	0	21.00
22.00	Unit cost multiplier	0.000000	9.838076	8.511501	0.000000	9.752542	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/30/2017 7:41 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	1,729,440	0	0	0	357	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,729,440	0	0	0	357	20.00
21.00	Total cost to be allocated	0	594,618	0	0	0	26,334	21.00
22.00	Unit cost multiplier	0.000000	0.343821	0.000000	0.000000	0.000000	73.764706	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS (ASSIGNED TIME)	SERVICES-SALAR PRGM COSTS (ASSIGNED TIME)	SERVICES-OTHER (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	1,729,440		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	1,729,440		20.00
21.00 Total cost to be allocated	0	0	68,349		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.039521		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/30/2017 7:41 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	1,570,085		1,570,085	29,689	52.88	1.00
2.00	Physical Therapy	3.00	2,259,680	0	2,259,680	7,333	308.15	2.00
3.00	Occupational Therapy	4.00	1,698,204	0	1,698,204	2,991	567.77	3.00
4.00	Speech Pathology	5.00	328,663	0	328,663	883	372.21	4.00
5.00	Medical Social Services	6.00	38,642		38,642	904	42.75	5.00
6.00	Home Health Aide	7.00	267,472		267,472	4,370	61.21	6.00
7.00	Total (sum of lines 1-6)		6,162,746	0	6,162,746	46,170		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		23060	0	4,917		8.00
8.01	Skilled Nursing Care		99915	0	3,582		8.01
9.00	Physical Therapy		23060	0	1,713		9.00
9.01	Physical Therapy		99915	0	938		9.01
10.00	Occupational Therapy		23060	0	655		10.00
10.01	Occupational Therapy		99915	0	370		10.01
11.00	Speech Pathology		23060	0	199		11.00
11.01	Speech Pathology		99915	0	105		11.01
12.00	Medical Social Services		23060	0	170		12.00
12.01	Medical Social Services		99915	0	94		12.01
13.00	Home Health Aide		23060	0	856		13.00
13.01	Home Health Aide		99915	0	705		13.01
14.00	Total (sum of lines 8-13)			0	14,304		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	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	8,499		0	449,427	1.00
2.00	Physical Therapy	0	2,651		0	816,906	2.00
3.00	Occupational Therapy	0	1,025		0	581,964	3.00
4.00	Speech Pathology	0	304		0	113,152	4.00
5.00	Medical Social Services	0	264		0	11,286	5.00
6.00	Home Health Aide	0	1,561		0	95,549	6.00
7.00	Total (sum of lines 1-6)	0	14,304		0	2,068,284	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	449,427					1.00	
2.00	Physical Therapy	816,906					2.00	
3.00	Occupational Therapy	581,964					3.00	
4.00	Speech Pathology	113,152					4.00	
5.00	Medical Social Services	11,286					5.00	
6.00	Home Health Aide	95,549					6.00	
7.00	Total (sum of lines 1-6)	2,068,284					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.424759	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.306371	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.286333	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.360046	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.336818	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.056753	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.339753	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2017 7:41 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	2,826,950	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	2,826,950	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,826,950	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,184,835
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	60,696
13.00	Total PPS Reimbursement - LUPA Episodes		0	70,096
14.00	Total PPS Reimbursement - PEP Episodes		0	24,946
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
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	2,340,573
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,340,573
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,340,573
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	2,340,573
30.00			0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,340,573
31.01	Sequestration adjustment (see instructions)		0	55,125
32.00	Interim payments (see instructions)		0	2,285,448
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: 15-0021
HHA CCN: 15-7423

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

Worksheet H-5
Date/Time Prepared:
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,285,448	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,285,448	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,285,448	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: 15-0021

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,028,926	1,028,926	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	175,727	0	175,727	985,818	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	79,779	0	79,779	0	13.00
14.00	PHARMACY*	0	227,908	227,908	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	1,527,300	1,527,300	0	25.00
26.00	PHYSICIAN SERVICES**	281,241	229	281,470	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,783,304	107,245	1,890,549	0	28.00
29.00	LPN/LVN**	243,179	0	243,179	0	29.00
30.00	PHYSICAL THERAPY**	1,806	2,437	4,243	0	30.00
31.00	OCCUPATIONAL THERAPY**	455	0	455	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	277	0	277	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	391,749	18,303	410,052	0	33.00
34.00	SPIRITUAL COUNSELING**	147,839	17,076	164,915	0	34.00
35.00	DIETARY COUNSELING**	9,293	613	9,906	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	258,878	49,901	308,779	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	319,351	319,351	0	38.00
39.00	PATIENT TRANSPORTATION**	0	47,532	47,532	0	39.00
40.00	IMAGING SERVICES**	0	3,195	3,195	0	40.00
41.00	LABS & DIAGNOSTICS**	0	1,216	1,216	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	21,725	21,725	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	98,063	98,063	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,966	2,966	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	3,373,527	3,473,986	6,847,513	985,818	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet 0
		Hospice CCN: 15-1552		Date/Time Prepared: 5/30/2017 7:41 am
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,028,926	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,161,545	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	79,779	13.00
14.00	PHARMACY*	0	227,908	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,527,300	25.00
26.00	PHYSICIAN SERVICES**	0	281,470	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,890,549	28.00
29.00	LPN/LVN**	0	243,179	29.00
30.00	PHYSICAL THERAPY**	0	4,243	30.00
31.00	OCCUPATIONAL THERAPY**	0	455	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	277	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	410,052	33.00
34.00	SPIRITUAL COUNSELING**	0	164,915	34.00
35.00	DIETARY COUNSELING**	0	9,906	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	308,779	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	319,351	38.00
39.00	PATIENT TRANSPORTATION**	0	47,532	39.00
40.00	IMAGING SERVICES**	0	3,195	40.00
41.00	LABS & DIAGNOSTICS**	0	1,216	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	21,725	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	98,063	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,966	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	7,833,331	100.00

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

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

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

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-2

Hospice CCN: 15-1552

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	257,041	0	257,041	0	257,041
27.00	NURSE PRACTITIONER	0	0	0	0	0
28.00	REGISTERED NURSE	1,629,855	98,017	1,727,872	0	1,727,872
29.00	LPN/LVN	222,253	0	222,253	0	222,253
30.00	PHYSICAL THERAPY	1,651	2,437	4,088	0	4,088
31.00	OCCUPATIONAL THERAPY	416	0	416	0	416
32.00	SPEECH/LANGUAGE PATHOLOGY	253	0	253	0	253
33.00	MEDICAL SOCIAL SERVICES	358,040	16,728	374,768	0	374,768
34.00	SPIRITUAL COUNSELING	135,118	15,607	150,725	0	150,725
35.00	DIETARY COUNSELING	8,494	561	9,055	0	9,055
36.00	COUNSELING - OTHER	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	236,601	45,607	282,208	0	282,208
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	319,351	319,351	0	319,351
39.00	PATIENT TRANSPORTATION	0	43,442	43,442	0	43,442
40.00	IMAGING SERVICES	0	2,920	2,920	0	2,920
41.00	LABS & DIAGNOSTICS	0	1,111	1,111	0	1,111
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0
43.00	OUTPATIENT SERVICES	0	19,856	19,856	0	19,856
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	36,463	36,463	0	36,463
100.00	TOTAL *	2,849,722	602,100	3,451,822	0	3,451,822

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	257,041
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	1,727,872
29.00	LPN/LVN	0	222,253
30.00	PHYSICAL THERAPY	0	4,088
31.00	OCCUPATIONAL THERAPY	0	416
32.00	SPEECH/LANGUAGE PATHOLOGY	0	253
33.00	MEDICAL SOCIAL SERVICES	0	374,768
34.00	SPIRITUAL COUNSELING	0	150,725
35.00	DIETARY COUNSELING	0	9,055
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	282,208
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	319,351
39.00	PATIENT TRANSPORTATION	0	43,442
40.00	IMAGING SERVICES	0	2,920
41.00	LABS & DIAGNOSTICS	0	1,111
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	19,856
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	36,463
100.00	TOTAL *	0	3,451,822

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

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

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 15-1552

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	679	6	685	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,306	259	4,565	0	28.00
29.00	LPN/LVN	588	0	588	0	29.00
30.00	PHYSICAL THERAPY	4	0	4	0	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	1	0	1	0	32.00
33.00	MEDICAL SOCIAL SERVICES	946	44	990	0	33.00
34.00	SPIRITUAL COUNSELING	357	41	398	0	34.00
35.00	DIETARY COUNSELING	22	1	23	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	626	121	747	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	115	115	0	39.00
40.00	IMAGING SERVICES	0	8	8	0	40.00
41.00	LABS & DIAGNOSTICS	0	3	3	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	52	52	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	2,592	2,592	0	46.00
100.00	TOTAL *	7,530	3,242	10,772	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
DI RECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	685		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	4,565		28.00
29.00	LPN/LVN	0	588		29.00
30.00	PHYSICAL THERAPY	0	4		30.00
31.00	OCCUPATIONAL THERAPY	0	1		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	1		32.00
33.00	MEDICAL SOCIAL SERVICES	0	990		33.00
34.00	SPIRITUAL COUNSELING	0	398		34.00
35.00	DIETARY COUNSELING	0	23		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	747		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	115		39.00
40.00	IMAGING SERVICES	0	8		40.00
41.00	LABS & DIAGNOSTICS	0	3		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	52		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	2,592		46.00
100.00	TOTAL *	0	10,772		100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-4 Date/Time Prepared: 5/30/2017 7:41 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	1,527,300	1,527,300	0	1,527,300	25.00
26.00	PHYSICIAN SERVICES	23,521	223	23,744	0	23,744	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	149,143	8,969	158,112	0	158,112	28.00
29.00	LPN/LVN	20,338	0	20,338	0	20,338	29.00
30.00	PHYSICAL THERAPY	151	0	151	0	151	30.00
31.00	OCCUPATIONAL THERAPY	38	0	38	0	38	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	23	0	23	0	23	32.00
33.00	MEDICAL SOCIAL SERVICES	32,763	1,531	34,294	0	34,294	33.00
34.00	SPIRITUAL COUNSELING	12,364	1,428	13,792	0	13,792	34.00
35.00	DIETARY COUNSELING	777	51	828	0	828	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	21,651	4,173	25,824	0	25,824	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	3,975	3,975	0	3,975	39.00
40.00	IMAGING SERVICES	0	267	267	0	267	40.00
41.00	LABS & DIAGNOSTICS	0	102	102	0	102	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	1,817	1,817	0	1,817	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	59,008	59,008	0	59,008	46.00
100.00	TOTAL *	260,769	1,608,844	1,869,613	0	1,869,613	100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	1,527,300	25.00
26.00	PHYSICIAN SERVICES	0	23,744	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	158,112	28.00
29.00	LPN/LVN	0	20,338	29.00
30.00	PHYSICAL THERAPY	0	151	30.00
31.00	OCCUPATIONAL THERAPY	0	38	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	23	32.00
33.00	MEDICAL SOCIAL SERVICES	0	34,294	33.00
34.00	SPIRITUAL COUNSELING	0	13,792	34.00
35.00	DIETARY COUNSELING	0	828	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	25,824	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN			38.00
39.00	PATIENT TRANSPORTATION	0	3,975	39.00
40.00	IMAGING SERVICES	0	267	40.00
41.00	LABS & DIAGNOSTICS	0	102	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	1,817	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	59,008	46.00
100.00	TOTAL *	0	1,869,613	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: 15-0021

Period: From 01/01/2016

Worksheet 0-5

Hospice CCN: 15-1552

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,028,926	518,168	1,547,094	3.00
4.00	ADMINISTRATIVE & GENERAL	1,161,545	2,627,851	3,789,396	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	79,779	0	79,779	13.00
14.00	PHARMACY	227,908	0	227,908	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,451,822	0	3,451,822	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	10,772	0	10,772	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,869,613	0	1,869,613	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	2,966	0	2,966	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	0	0	0	99.00
100.00	TOTAL	7,833,331	3,146,019	10,979,350	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2016

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,547,094	0	0	1,547,094	3.00
4.00	ADMINISTRATIVE & GENERAL	3,789,396	0	0	59,725	3,849,121
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	79,779	0	0	36,586	116,365
14.00	PHARMACY	227,908	0	0	0	227,908
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,451,822			1,325,946	4,777,768
52.00	HOSPICE INPATIENT RESPIRE CARE	10,772	0	0	3,503	14,275
53.00	HOSPICE GENERAL INPATIENT CARE	1,869,613	0	0	121,334	1,990,947
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	2,966	0	0	0	2,966
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	10,979,350	0	0	1,547,094	10,979,350

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2016

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	3,849,121					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	0	0		0		9.00
10.00	0	0		0		10.00
11.00	0	0		0		11.00
12.00	0	0		0		12.00
13.00	62,817	0		0		13.00
14.00	123,032	0		0		14.00
15.00	0	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	0					50.00
51.00	2,579,190					51.00
52.00	7,706	0	0	0	0	52.00
53.00	1,074,775	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	1,601	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	3,849,121	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	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	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	179,182
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE (DELETED)	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	163,768
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	434
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	14,980
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	0	0	0	0	179,182

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2016

Part I
Date/Time Prepared:
5/30/2017 7:41 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE (DELETED)	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	350,940					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	255,387	0	0		7,776,113	51.00
52.00	661	0	0	0	23,076	52.00
53.00	94,892	0	0	0	3,175,594	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		4,567	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	350,940	0	0	0	10,979,350	100.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/30/2017 7:41 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	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,373,527			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	130,234	-3,849,121	7,130,229	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	79,779	0	116,365	13.00
14.00	PHARMACY	0	0	0	0	227,908	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,891,300	0	4,777,768	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	7,639	0	14,275	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	264,575	0	1,990,947	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	2,966	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)			1,547,094		3,849,121	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.458598		0.539831	101.00

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

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2016

Part II
Date/Time Prepared:
5/30/2017 7:41 am

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

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/30/2017 7:41 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) 10.00	MEDICAL RECORDS (PATIENT DAYS) 11.00	STAFF TRANSPORTATION (MILEAGE) 12.00	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) 13.00	PHARMACY (CHARGES) 14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	3,720		13.00
14.00	PHARMACY			0	0	9,486,020	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	3,400	6,903,165	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	9	17,855	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	311	2,565,000	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	179,182	350,940	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	48.167204	0.036995	101.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/30/2017 7:41 am

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

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

Provider CCN: 15-0021

Period: From 01/01/2016

Worksheet 0-7

Hospice CCN: 15-1552

To 12/31/2016

Date/Time Prepared: 5/30/2017 7:41 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	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.424759	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.306371	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.286333	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.360046	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.339753	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.137544	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.256751	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.336818	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.056753	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.135947	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.212571	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
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	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period:

Worksheet 0-8

Hospice CCN: 15-1552

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

Date/Time Prepared:
5/30/2017 7:41 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			7,776,113	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			44,014	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			176.67	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	31,131	2,297		9.00
10.00	Program cost (line 8 times line 9)	5,499,914	405,811		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			23,076	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			166	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			139.01	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	82	6		14.00
15.00	Program cost (line 13 times line 14)	11,399	834		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,175,594	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,394	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			935.65	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,849	210		19.00
20.00	Program cost (line 18 times line 19)	2,665,667	196,487		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			10,974,783	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			47,574	22.00
23.00	Average cost per diem (line 21 divided by line 22)			230.69	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/30/2017 7:41 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,450,197	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		989,526	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)		389.85	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		0.84	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)		45,782	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.45	8.00
9.00	Sum of lines 7 and 8		30.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.28	10.00
11.00	Disproportionate share adjustment (see instructions)		342,272	11.00
12.00	Total prospective capital payments (see instructions)		6,827,777	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00