

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: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 12:06 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/30/2018 Time: 12:06 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOWARD REGIONAL HEALTH ( 15-0007 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	49,952	56,917	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	49,952	56,917	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:52 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3500 SOUTH LAFOUNTAIN			PO Box:							1.00	
2.00	City: KOKOMO			State: IN		Zip Code: 46902		County: HOWARD			2.00	
		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	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOWARD REGIONAL HEALTH	150007	29020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00		
21.00	Type of Control (see instructions)						2			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			379	123	2	17	3,594	6		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0			25.00	

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		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)				37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						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)						61.03

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

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

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:52 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	399,929	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0720		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:52 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			
142.00	Street: 1500 NORTH RITTER	PO Box:					
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095			
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00			
				Y			
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.							
				1.00			
				Y			
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.							
				2.00			
				N			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
				1.00			
				N			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
				2.00			
				N			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC	N	N	N	N		
165.00 Multi campus							
				1.00			
				N			
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)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
				1.00			
				Y			
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)							
				2.00			
				0			
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)							
				2.00			
				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)							
				2.00			
				0.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				1.00			
				2.00			
				01/01/2015			
				12/31/2015			
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)							
				1.00			
				2.00			
				N			
				0			



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 11:52 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/20/2018			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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/02/2018	Y	05/02/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2018 11:52 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		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.			N		33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?			Y		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.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
					1.00	2.00
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEBBIE		THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-621-7927		DTHOMPSON4@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 11:52 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,230	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)		102	37,230	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		110	40,150	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		110				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,911	342	14,578			1.00
2.00 HMO and other (see instructions)	1,332	3,174				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,911	342	14,578			7.00
8.00 INTENSIVE CARE UNIT	918	0	1,716			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		599	820			13.00
14.00 Total (see instructions)	7,829	941	17,114	0.00	627.31	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	14			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	627.31	27.00
28.00 Observation Bed Days		445	1,865			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			150			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	6	56			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 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	1,900	68	4,420	1.00
2.00 HMO and other (see instructions)				299	885		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,900	68		4,420	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2018 11:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	39,832,726	-222,646	39,610,080	1,304,804.00	30.36
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		298,403	0	298,403	1,864.00	160.09
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		248,358	0	248,358	2,681.00	92.64
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,382,885	-113,025	4,269,860	145,827.00	29.28
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,044,769	0	1,044,769	14,528.00	71.91
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		649,286	0	649,286	11,255.00	57.69
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		6,603,580	0	6,603,580	174,482.00	37.85
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		36,854	0	36,854	181.00	203.61
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		8,298,056	0	8,298,056		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,039,291	0	1,039,291		
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		16,958	0	16,958		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		24,391	0	24,391		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,732,838	0	1,732,838		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	249,199	-365	248,834	7,213.00	34.50
27.00	Administrative & General	5.00	5,123,964	-256,015	4,867,949	131,883.00	36.91

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2018 11:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	4,711,917	0	4,711,917	36,568.00	128.85	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,402,032	-2,370	1,399,662	60,485.00	23.14	30.00
31.00	Laundry & Linen Service	31,186	0	31,186	2,208.00	14.12	31.00
32.00	Housekeeping	873,815	-16,543	857,272	60,136.00	14.26	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,053,011	-667,946	385,065	38,505.00	10.00	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	663,397	663,397	22,572.00	29.39	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	658,034	0	658,034	15,440.00	42.62	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	411,282	-9,414	401,868	10,904.00	36.86	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2018 11:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	44,296,285	-222,646	44,073,639	1,338,691.00	32.92	1.00
2.00	Excluded area salaries (see instructions)	4,382,885	-113,025	4,269,860	145,827.00	29.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,913,400	-109,621	39,803,779	1,192,864.00	33.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,334,489	0	8,334,489	200,446.00	41.58	4.00
5.00	Subtotal wage-related costs (see inst.)	10,047,852	0	10,047,852	0.00	25.24	5.00
6.00	Total (sum of lines 3 thru 5)	58,295,741	-109,621	58,186,120	1,393,310.00	41.76	6.00
7.00	Total overhead cost (see instructions)	14,514,440	-289,256	14,225,184	385,914.00	36.86	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 11:52 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,183,424	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,327,153	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,561,453	9.00
10.00	Dental, Hearing and Vision Plan	33,446	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,335	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)	337,053	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	78,078	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,798,905	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
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	34,850	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,378,697	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 11:52 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,044,769	9,378,697
2.00	Hospital		1,044,769	8,339,406
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	1,039,291

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 11:52 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226624	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,788,946	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		1,400,000	5.00	
6.00	Medicaid charges		81,333,333	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,432,085	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)		6,243,139	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,243,139	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	198,115	531,753	729,868	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	44,898	531,753	576,651	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	44,898	531,753	576,651	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,066,000	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		198,642	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		305,603	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		13,760,397	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,225,397	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,802,048	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,045,187	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,645,883	3,645,883	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,709,168	2,709,168	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	249,199	262,400	511,599	-40,030	471,569	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,123,964	30,992,592	36,116,556	-5,303,919	30,812,637	5.00
7.00	00700	OPERATION OF PLANT	1,402,032	5,567,123	6,969,155	-811,023	6,158,132	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,186	313,066	344,252	0	344,252	8.00
9.00	00900	HOUSEKEEPING	873,815	452,283	1,326,098	-27,606	1,298,492	9.00
10.00	01000	DIETARY	1,053,011	845,377	1,898,388	-1,245,597	652,791	10.00
11.00	01100	CAFETERIA	0	27,823	27,823	1,195,864	1,223,687	11.00
13.00	01300	NURSING ADMINISTRATION	658,034	227,142	885,176	-39,039	846,137	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,104	1,104	-631	473	16.00
17.00	01700	SOCIAL SERVICE	411,282	82,938	494,220	0	494,220	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	317,632	85,991	403,623	-95,380	308,243	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,713,151	3,628,620	12,341,771	-1,546,104	10,795,667	30.00
31.00	03100	INTENSIVE CARE UNIT	1,406,793	691,397	2,098,190	-147,198	1,950,992	31.00
43.00	04300	NURSERY	0	0	0	287,521	287,521	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,085,520	7,059,372	9,144,892	-2,255,822	6,889,070	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	687,117	687,117	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,235,616	1,416,328	2,651,944	-321,618	2,330,326	54.00
54.01	03480	ONCOLOGY	1,265,104	880,765	2,145,869	384,953	2,530,822	54.01
57.00	05700	CT SCAN	449,799	402,495	852,294	-127,848	724,446	57.00
58.00	05800	MRI	355,640	868,189	1,223,829	-311,847	911,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	694,261	3,390,810	4,085,071	-2,322,792	1,762,279	59.00
60.00	06000	LABORATORY	0	3,664,487	3,664,487	-1,291	3,663,196	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,150,834	457,223	1,608,057	-112,943	1,495,114	65.00
66.00	06600	PHYSICAL THERAPY	706,239	261,520	967,759	-484,621	483,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	377,025	377,025	67.00
68.00	06800	SPEECH PATHOLOGY	0	304	304	106,685	106,989	68.00
69.00	06900	ELECTROCARDIOLOGY	842,503	457,570	1,300,073	-14,895	1,285,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,593	38,369	91,962	-20,597	71,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	703,241	703,241	3,665,817	4,369,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,325,754	1,325,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,711,572	13,886,755	15,598,327	230,598	15,828,925	73.00
74.00	07400	RENAL DIALYSIS	0	281,907	281,907	-525	281,382	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	371,041	137,406	508,447	-13,351	495,096	75.01
76.00	03160	CARDIOPULMONARY	80,921	25,706	106,627	-32	106,595	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,468,124	1,094,154	3,562,278	-181,413	3,380,865	91.00
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
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	959,737	251,530	1,211,267	789,980	2,001,247	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	382,885	348,398	731,283	48,245	779,528	93.06
93.07	04957	CLINTON COUNTY	360,224	191,216	551,440	63,009	614,449	93.07
93.18	04968	PSYCH MEDICATION	353,761	113,248	467,009	1,878	468,887	93.18
93.43	04993	NEW BEGINNINGS	0	2,391	2,391	124	2,515	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	978,262	570,320	1,548,582	-79,105	1,469,477	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,745,735	79,681,560	116,427,295	14,394	116,441,689	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	64,239	15,078	79,317	0	79,317	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,686,621	1,234,347	2,920,968	0	2,920,968	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	23,060	23,060	0	23,060	194.08
194.09	07959	MOBILE CLINIC	39,704	9,622	49,326	0	49,326	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.10	07960 PLASTIC SURGERY	0	27,420	27,420	0	27,420	194.10
194.11	07961 KOKOMO SCHOOL BASED	1,296,427	260,429	1,556,856	-14,394	1,542,462	194.11
194.15	07965 INDIANA SURGERY CENTER	0	51,205	51,205	0	51,205	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	39,832,726	81,302,721	121,135,447	0	121,135,447	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	3,645,883	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,709,168	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,072,049	1,543,618	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,003,707	21,808,930	5.00
7.00	00700	OPERATION OF PLANT	323,200	6,481,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	344,252	8.00
9.00	00900	HOUSEKEEPING	0	1,298,492	9.00
10.00	01000	DIETARY	-5,513	647,278	10.00
11.00	01100	CAFETERIA	-313,173	910,514	11.00
13.00	01300	NURSING ADMINISTRATION	1,435,850	2,281,987	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	857,268	857,741	16.00
17.00	01700	SOCIAL SERVICE	0	494,220	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PASTORAL CARE	-57,741	250,502	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	163,586	10,959,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,950,992	31.00
43.00	04300	NURSERY	0	287,521	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	6,889,070	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	687,117	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-13,966	2,316,360	54.00
54.01	03480	ONCOLOGY	15,078	2,545,900	54.01
57.00	05700	CT SCAN	-6,326	718,120	57.00
58.00	05800	MRI	0	911,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,421	1,760,858	59.00
60.00	06000	LABORATORY	-197,027	3,466,169	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-52	1,495,062	65.00
66.00	06600	PHYSICAL THERAPY	0	483,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	377,025	67.00
68.00	06800	SPEECH PATHOLOGY	-16,139	90,850	68.00
69.00	06900	ELECTROCARDIOLOGY	17,234	1,302,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,369,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,325,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	399,960	16,228,885	73.00
74.00	07400	RENAL DIALYSIS	0	281,382	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	-86,433	408,663	75.01
76.00	03160	CARDIOPULMONARY	0	106,595	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-5,830	3,375,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-561,017	1,440,230	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-339,849	439,679	93.06
93.07	04957	CLINTON COUNTY	-393,352	221,097	93.07
93.18	04968	PSYCH MEDICATION	0	468,887	93.18
93.43	04993	NEW BEGINNINGS	0	2,515	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	1,469,477	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,717,321	109,724,368	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	79,317	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,920,968	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	23,060	194.08
194.09	07959	MOBILE CLINIC	0	49,326	194.09
194.10	07960	PLASTIC SURGERY	0	27,420	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	1,542,462	194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 11:52 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.15	07965 INDIANA SURGERY CENTER	0	51,205	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	-6,717,321	114,418,126	200.00



		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,692,096	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	
TOTALS			0	3,692,096		
<b>B - Implantable Device Recl ass</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,325,754	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	1,325,754		
<b>C - Drugs Charges to Pat</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	241,835	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	
TOTALS			0	241,835		
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,268,729	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	
TOTALS			0	6,268,729		

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6

Date/Time Prepared:  
5/30/2018 11:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - Infusion Equipment Rental</b>					
1.00	ONCOLOGY	54.01		553,823	1.00
			0	553,823	
<b>G - STD BENEFIT</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	365	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	31,658	2.00
3.00	OPERATION OF PLANT	7.00	0	2,370	3.00
4.00	HOUSEKEEPING	9.00	0	16,543	4.00
5.00	DIETARY	10.00	0	4,549	5.00
6.00	SOCIAL SERVICE	17.00	0	9,414	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	51,613	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	5,167	8.00
9.00	OPERATING ROOM	50.00	0	8,296	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,821	10.00
11.00	ONCOLOGY	54.01	0	1,362	11.00
12.00	MRI	58.00	0	2,812	12.00
13.00	RESPIRATORY THERAPY	65.00	0	14,046	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	12,402	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,277	15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,419	16.00
17.00	WOUND CARE CENTER	75.01	0	396	17.00
18.00	EMERGENCY	91.00	0	15,892	18.00
19.00	GENESIS	93.01	0	3,444	19.00
20.00	HOWARD COUNTY CSS	93.06	0	4,493	20.00
21.00	CLINTON COUNTY	93.07	0	1,292	21.00
22.00	PSYCH MEDICATION	93.18	0	5,592	22.00
23.00	AMBULANCE SERVICES	95.00	0	7,041	23.00
24.00	COMMUNITY HOWARD FOUNDATION	190.01	0	7,954	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,428	25.00
	<b>TOTALS</b>		0	222,646	
<b>H - Labor and Delivery</b>					
1.00	NURSERY	43.00	213,537	73,984	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	510,310	176,807	2.00
	<b>TOTALS</b>		723,847	250,791	
<b>I - Cafeteria</b>					
1.00	CAFETERIA	11.00	663,397	532,587	1.00
	<b>TOTALS</b>		663,397	532,587	
<b>J - Therapy Recl ass</b>					
1.00	OCCUPATIONAL THERAPY	67.00	274,873	102,152	1.00
2.00	SPEECH PATHOLOGY	68.00	77,780	28,905	2.00
	<b>TOTALS</b>		352,653	131,057	
<b>K - BLDG DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,559,561	1.00
	<b>TOTALS</b>		0	3,559,561	
<b>L - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	86,322	1.00
	<b>TOTALS</b>		0	86,322	
<b>M - Psych Admin Recl ass</b>					
1.00	GENESIS	93.01	273,772	516,208	1.00
2.00	HOWARD COUNTY CSS	93.06	16,678	31,609	2.00
3.00	CLINTON COUNTY	93.07	21,763	41,246	3.00
4.00	PSYCH MEDICATION	93.18	703	1,334	4.00
5.00	NEW BEGINNINGS	93.43	43	81	5.00
	<b>TOTALS</b>		312,959	590,478	
<b>N - Pastoral Ed Allied Health</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	88,602	6,778	1.00
	<b>TOTALS</b>		88,602	6,778	
500.00	<b>Grand Total: Increases</b>		2,141,458	17,462,457	500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - Chargeable Medical Supplies</b>						
1.00		0.00	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	51,300	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	338,656	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	108,652	0	4.00
5.00	OPERATING ROOM	50.00	0	1,578,721	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,892	0	6.00
7.00	ONCOLOGY	54.01	0	60,145	0	7.00
8.00	CT SCAN	57.00	0	63,848	0	8.00
9.00	MRI	58.00	0	3,855	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,197,673	0	10.00
11.00	LABORATORY	60.00	0	1,291	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	100,303	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	716	0	13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	178	0	14.00
15.00	WOUND CARE CENTER	75.01	0	7,543	0	15.00
16.00	CARDIOPULMONARY	76.00	0	32	0	16.00
17.00	EMERGENCY	91.00	0	125,132	0	17.00
18.00	PSYCH MEDICATION	93.18	0	159	0	18.00
	<b>TOTALS</b>		0	3,692,096		
<b>B - Implantable Device Recl ass</b>						
1.00	OPERATING ROOM	50.00	0	403,380	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	922,374	0	2.00
	<b>TOTALS</b>		0	1,325,754		
<b>C - Drugs Charges to Pat</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,119	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,126	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	21,645	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	7,345	0	4.00
5.00	OPERATING ROOM	50.00	0	9,449	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,080	0	6.00
7.00	ONCOLOGY	54.01	0	4,743	0	7.00
8.00	CT SCAN	57.00	0	56,880	0	8.00
9.00	MRI	58.00	0	29,321	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	13,925	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,471	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	1,393	0	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	69	0	13.00
14.00	RENAL DIALYSIS	74.00	0	525	0	14.00
15.00	WOUND CARE CENTER	75.01	0	4,082	0	15.00
16.00	EMERGENCY	91.00	0	6,831	0	16.00
17.00	HOWARD COUNTY CSS	93.06	0	42	0	17.00
18.00	AMBULANCE SERVICES	95.00	0	395	0	18.00
19.00	KOKOMO SCHOOL BASED	194.11	0	14,394	0	19.00
	<b>TOTALS</b>		0	241,835		
<b>D - Depreciation Expense</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,911	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,353,114	0	2.00
3.00	OPERATION OF PLANT	7.00	0	257,200	0	3.00
4.00	HOUSEKEEPING	9.00	0	27,606	0	4.00
5.00	DIETARY	10.00	0	49,613	0	5.00
6.00	CAFETERIA	11.00	0	120	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	39,039	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	631	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	211,165	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	31,201	0	10.00
11.00	OPERATING ROOM	50.00	0	264,272	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	230,646	0	12.00
13.00	ONCOLOGY	54.01	0	103,982	0	13.00
14.00	CT SCAN	57.00	0	7,120	0	14.00
15.00	MRI	58.00	0	278,671	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	188,820	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	11,169	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	911	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	12,786	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,597	0	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,210	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,059	0	22.00
23.00	WOUND CARE CENTER	75.01	0	1,726	0	23.00
24.00	EMERGENCY	91.00	0	49,450	0	24.00
25.00	AMBULANCE SERVICES	95.00	0	78,710	0	25.00
	<b>TOTALS</b>		0	6,268,729		

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
Date/Time Prepared:  
5/30/2018 11:52 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - Infusion Equipment Rental</b>							
1.00	OPERATION OF PLANT	7.00		553,823			1.00
			0	553,823			
<b>G - STD BENEFIT</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	365	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	31,658	0	0		2.00
3.00	OPERATION OF PLANT	7.00	2,370	0	0		3.00
4.00	HOUSEKEEPING	9.00	16,543	0	0		4.00
5.00	DIETARY	10.00	4,549	0	0		5.00
6.00	SOCIAL SERVICE	17.00	9,414	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	51,613	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	5,167	0	0		8.00
9.00	OPERATING ROOM	50.00	8,296	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	1,821	0	0		10.00
11.00	ONCOLOGY	54.01	1,362	0	0		11.00
12.00	MRI	58.00	2,812	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	14,046	0	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	12,402	0	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	1,277	0	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	3,419	0	0		16.00
17.00	WOUND CARE CENTER	75.01	396	0	0		17.00
18.00	EMERGENCY	91.00	15,892	0	0		18.00
19.00	GENESIS	93.01	3,444	0	0		19.00
20.00	HOWARD COUNTY CSS	93.06	4,493	0	0		20.00
21.00	CLINTON COUNTY	93.07	1,292	0	0		21.00
22.00	PSYCH MEDICATION	93.18	5,592	0	0		22.00
23.00	AMBULANCE SERVICES	95.00	7,041	0	0		23.00
24.00	COMMUNITY HOWARD FOUNDATION	190.01	7,954	0	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	9,428	0	0		25.00
	<b>TOTALS</b>		<b>222,646</b>	<b>0</b>			
<b>H - Labor and Delivery</b>							
1.00	ADULTS & PEDIATRICS	30.00	723,847	250,791	0		1.00
2.00		0.00	0	0	0		2.00
	<b>TOTALS</b>		<b>723,847</b>	<b>250,791</b>			
<b>I - Cafeteria</b>							
1.00	DIETARY	10.00	663,397	532,587	0		1.00
	<b>TOTALS</b>		<b>663,397</b>	<b>532,587</b>			
<b>J - Therapy Recl ass</b>							
1.00	PHYSICAL THERAPY	66.00	352,653	131,057	0		1.00
2.00		0.00	0	0	0		2.00
	<b>TOTALS</b>		<b>352,653</b>	<b>131,057</b>			
<b>K - BLDG DEPRECIATION EXPENSE</b>							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,559,561	9		1.00
	<b>TOTALS</b>		<b>0</b>	<b>3,559,561</b>			
<b>L - Capital Insurance Costs</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	86,322	12		1.00
	<b>TOTALS</b>		<b>0</b>	<b>86,322</b>			
<b>M - Psych Admin Recl ass</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	312,959	590,478	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
	<b>TOTALS</b>		<b>312,959</b>	<b>590,478</b>			
<b>N - Pastoral Ed Allied Health</b>							
1.00	PASTORAL CARE	23.00	88,602	6,778	0		1.00
	<b>TOTALS</b>		<b>88,602</b>	<b>6,778</b>			
500.00	<b>Grand Total : Decreases</b>		<b>2,364,104</b>	<b>17,239,811</b>			<b>500.00</b>

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	4,838,000	0	0	0	170,000	1.00
2.00	Land Improvements	3,552,347	0	0	0	0	2.00
3.00	Buildings and Fixtures	94,205,091	4,107,868	0	4,107,868	615,457	3.00
4.00	Building Improvements	92,404	20,291	0	20,291	0	4.00
5.00	Fixed Equipment	3,846,193	-3,846,193	0	-3,846,193	0	5.00
6.00	Movable Equipment	16,557,363	26,535,920	0	26,535,920	20,460,120	6.00
7.00	HIT designated Assets	22,710,018	-22,710,018	0	-22,710,018	0	7.00
8.00	Subtotal (sum of lines 1-7)	145,801,416	4,107,868	0	4,107,868	21,245,577	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	145,801,416	4,107,868	0	4,107,868	21,245,577	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	4,668,000	0				1.00
2.00	Land Improvements	3,552,347	0				2.00
3.00	Buildings and Fixtures	97,697,502	0				3.00
4.00	Building Improvements	112,695	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	22,633,163	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	128,663,707	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	128,663,707	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2018 11:52 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	0	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)	0	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	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2018 11:52 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	106,030,545	0	106,030,545	0.824091	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,633,163	0	22,633,163	0.175909	0	2.00
3.00	Total (sum of lines 1-2)	128,663,708	0	128,663,708	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	3,559,561	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,709,168	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,268,729	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 col.s. 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	86,322	0	0	3,645,883	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,709,168	2.00
3.00	Total (sum of lines 1-2)	0	86,322	0	0	6,355,051	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-20,201		ADMINISTRATIVE & GENERAL	5.00	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)	B	-3,987		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-288,357				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	218,289				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-313,173		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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		UTILIZATION REVIEW - SNF	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 MISC INCOME	B	0		ADMINISTRATIVE & GENERAL	5.00	0	33.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
5/30/2018 11:52 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	5.00
33.01	Misc Revenue	B	-900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	Misc Revenue	B	-20,007	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	Misc Revenue	B	-738	NURSING ADMINISTRATION	13.00	0	33.03
33.04	Misc Revenue	B	-3,345	PASTORAL CARE	23.00	0	33.04
33.05	Misc Revenue	B	-5,227	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.06	Misc Revenue	B	-210	ONCOLOGY	54.01	0	33.06
33.07	Misc Revenue	B	-1,421	CARDIAC CATHETERIZATION	59.00	0	33.07
33.08	Misc Revenue	B	-7,045	LABORATORY	60.00	0	33.08
33.09	Misc Revenue	B	-52	RESPIRATORY THERAPY	65.00	0	33.09
33.10	Misc Revenue	B	-2,256	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	Misc Revenue	B	-14,274	DRUGS CHARGED TO PATIENTS	73.00	0	33.11
33.12	Misc Revenue	B	-5,830	EMERGENCY	91.00	0	33.12
33.13	Misc Revenue	B	-4,664	HOWARD COUNTY CSS	93.06	0	33.13
33.14	Misc Revenue	B	-1,120	CLINTON COUNTY	93.07	0	33.14
33.15	Vending Revenue	B	-5,513	DIETARY	10.00	0	33.15
33.16	MISC INCOME - SALES	B	-645,690	ADMINISTRATIVE & GENERAL	5.00	9	33.16
33.17	MISC INCOME - SALES	B	-709	ELECTROCARDIOLOGY	69.00	0	33.17
33.18	Misc Revenue Rental Lease	B	-42,516	HOWARD COUNTY CSS	93.06	0	33.18
33.19	SPACE RENTAL INCOME	B	-67,264	CLINTON COUNTY	93.07	0	33.19
34.00	HAF Tax Offset	A	-3,890,797	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.04	Non-Allow Interest Expense	A	-58,082	ADMINISTRATIVE & GENERAL	5.00	0	34.04
34.05	Physician Recruitment Expense	A	-96,650	ADMINISTRATIVE & GENERAL	5.00	0	34.05
34.06	Charitable Contributions-Offset	A	-121,513	ADMINISTRATIVE & GENERAL	5.00	0	34.06
34.07	Charitable Contributions-Offset	A	-329	HOWARD COUNTY CSS	93.06	0	34.07
34.08	Governing Board-Offset	A	-4,440	ADMINISTRATIVE & GENERAL	5.00	0	34.08
34.09	Advertising Expense Offset	A	-303	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.09
34.10	Advertising Expense Offset	A	-49,713	ADMINISTRATIVE & GENERAL	5.00	0	34.10
34.11	Advertising Expense Offset	A	-688	ADULTS & PEDIATRICS	30.00	11	34.11
34.12	Medical Director Onset	A	-25,875	ADMINISTRATIVE & GENERAL	5.00	0	34.12
34.13	BH Professional Billing Expense	A	-561,017	GENESIS	93.01	9	34.13
34.14	BH Professional Billing Expense	A	-292,340	HOWARD COUNTY CSS	93.06	0	34.14
34.15	BH Professional Billing Expense	A	-324,968	CLINTON COUNTY	93.07	0	34.15
34.16	PASTORAL ED ALLIED HEALTH	A	-54,396	PASTORAL CARE	23.00	0	34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,717,321				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: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
5/30/2018 11:52 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH SVCS-A&G	-628,252	-429,472 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH PT SVCS	0	-41,049 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	SPECIALTY PURCH PT SVCS	-50,359	-3,270 3.00
3.01	57.00	CT SCAN	SPECIALTY PURCH PT SVCS	-6,326	0 3.01
3.02	60.00	LABORATORY	SPECIALTY PURCH PT SVCS	-200,677	-10,695 3.02
3.03	68.00	SPEECH PATHOLOGY	SPECIALTY PURCH PT SVCS	-16,139	0 3.03
3.04	69.00	ELECTROCARDIOLOGY	SPECIALTY PURCH PT SVCS	-3,492	-1,605 3.04
3.05	73.00	DRUGS CHARGED TO PATIENTS	SPECIALTY PURCH PT SVCS	-3,826	0 3.05
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,073,252	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	11,423,145	15,187,300 4.01
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	323,200	0 4.02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,436,588	0 4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	857,268	0 4.04
4.05	30.00	ADULTS & PEDIATRICS	HOME OFFICE	164,274	0 4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	38,350	0 4.06
4.07	54.01	ONCOLOGY	HOME OFFICE	15,288	0 4.07
4.08	69.00	ELECTROCARDIOLOGY	HOME OFFICE	79,144	0 4.08
4.09	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	418,060	0 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,919,498	14,701,209 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
5/30/2018 11:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-198,780	0		1.00
2.00	41,049	0		2.00
3.00	-47,089	0		3.00
3.01	-6,326	0		3.01
3.02	-189,982	0		3.02
3.03	-16,139	0		3.03
3.04	-1,887	0		3.04
3.05	-3,826	0		3.05
4.00	1,073,252	0		4.00
4.01	-3,764,155	0		4.01
4.02	323,200	0		4.02
4.03	1,436,588	0		4.03
4.04	857,268	0		4.04
4.05	164,274	0		4.05
4.06	38,350	0		4.06
4.07	15,288	0		4.07
4.08	79,144	0		4.08
4.09	418,060	0		4.09
5.00	218,289	0		5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:  
5/30/2018 11:52 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	334,403	36,000	298,403	211,500	1,864	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	57,058	57,058	0	0	0	2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	86,433	86,433	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			477,894	179,491	298,403		1,864	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	189,537	9,477	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			189,537	9,477	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	189,537	108,866	144,866		1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	57,058		2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	0	0	0	86,433		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
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
200.00			0	189,537	108,866	288,357		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,645,883	3,645,883			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,709,168		2,709,168		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,543,618	41,457	30,806	1,615,881	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,808,930	951,025	706,684	199,844	5.00
7.00 00700	OPERATION OF PLANT	6,481,332	463,513	344,425	57,460	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	344,252	23,968	17,810	1,280	8.00
9.00 00900	HOUSEKEEPING	1,298,492	25,891	19,239	35,194	9.00
10.00 01000	DIETARY	647,278	76,856	57,110	15,808	10.00
11.00 01100	CAFETERIA	910,514	45,050	33,476	27,234	11.00
13.00 01300	NURSING ADMINISTRATION	2,281,987	8,037	5,972	27,014	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	857,741	32,889	24,439	0	16.00
17.00 01700	SOCIAL SERVICE	494,220	0	0	16,498	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	250,502	9,552	7,098	9,402	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	10,959,253	605,362	449,830	325,850	30.00
31.00 03100	INTENSIVE CARE UNIT	1,950,992	57,764	42,923	57,541	31.00
43.00 04300	NURSERY	287,521	24,753	18,393	8,766	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,889,070	218,916	162,671	85,276	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	687,117	59,145	43,950	20,950	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,316,360	212,272	157,734	50,651	54.00
54.01 03480	ONCOLOGY	2,545,900	227,008	168,684	51,880	54.01
57.00 05700	CT SCAN	718,120	6,633	4,929	18,466	57.00
58.00 05800	MRI	911,982	0	0	14,485	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,760,858	46,432	34,502	28,501	59.00
60.00 06000	LABORATORY	3,466,169	54,226	40,294	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,495,062	48,577	36,096	46,669	65.00
66.00 06600	PHYSICAL THERAPY	483,138	12,625	9,381	14,516	66.00
67.00 06700	OCCUPATIONAL THERAPY	377,025	7,772	5,775	11,284	67.00
68.00 06800	SPEECH PATHOLOGY	90,850	3,891	2,892	3,193	68.00
69.00 06900	ELECTROCARDIOLOGY	1,302,412	1,150	854	34,078	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	71,365	3,527	2,621	2,148	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,369,058	66,210	49,199	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,325,754	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,228,885	16,660	12,380	70,125	73.00
74.00 07400	RENAL DIALYSIS	281,382	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	408,663	22,840	16,972	15,216	75.01
76.00 03160	CARDIOPULMONARY	106,595	0	0	3,322	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	3,375,035	252,756	187,817	100,671	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,440,230	0	0	50,498	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	439,679	0	0	16,219	93.06
93.07 04957	CLINTON COUNTY	221,097	0	0	15,629	93.07
93.18 04968	PSYCH MEDICATION	468,887	0	0	14,322	93.18
93.43 04993	NEW BEGINNINGS	2,515	0	0	2	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	1,469,477	19,126	14,212	39,872	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	109,724,368	3,645,883	2,709,168	1,489,864	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	79,317	0	0	2,311	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,920,968	0	0	68,854	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.08 07958 SOUTH BERKLEY BLDG	23,060	0	0	0	23,060	194.08
194.09 07959 MOBILE CLINIC	49,326	0	0	1,630	50,956	194.09
194.10 07960 PLASTIC SURGERY	27,420	0	0	0	27,420	194.10
194.11 07961 KOKOMO SCHOOL BASED	1,542,462	0	0	53,222	1,595,684	194.11
194.15 07965 INDIANA SURGERY CENTER	51,205	0	0	0	51,205	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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 through 201)	114,418,126	3,645,883	2,709,168	1,615,881	114,418,126	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 11:52 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,666,483				5.00
7.00	00700	OPERATION OF PLANT	1,915,902	9,262,632			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	101,004	101,377	589,691		8.00
9.00	00900	HOUSEKEEPING	359,572	109,513	0	1,847,901	9.00
10.00	01000	DIETARY	207,858	325,080	0	66,365	1,396,355
11.00	01100	CAFETERIA	265,027	190,550	0	38,900	0
13.00	01300	NURSING ADMINISTRATION	605,802	33,995	0	6,940	0
16.00	01600	MEDICAL RECORDS & LIBRARY	238,634	139,113	0	28,400	0
17.00	01700	SOCIAL SERVICE	133,187	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	72,121	40,401	0	8,248	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,218,139	2,560,520	502,309	522,725	1,189,439
31.00	03100	INTENSIVE CARE UNIT	550,049	244,324	59,128	49,879	140,011
43.00	04300	NURSERY	88,518	104,697	28,254	21,374	66,905
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,918,302	925,955	0	189,032	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,537	250,170	0	51,072	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	713,768	897,851	0	183,295	0
54.01	03480	ONCOLOGY	780,647	960,183	0	196,020	0
57.00	05700	CT SCAN	195,104	28,056	0	5,728	0
58.00	05800	MRI	241,607	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	487,741	196,395	0	40,094	0
60.00	06000	LABORATORY	928,567	229,361	0	46,824	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	424,139	205,466	0	41,946	0
66.00	06600	PHYSICAL THERAPY	135,518	53,401	0	10,902	0
67.00	06700	OCCUPATIONAL THERAPY	104,797	32,873	0	6,711	0
68.00	06800	SPEECH PATHOLOGY	26,294	16,460	0	3,360	0
69.00	06900	ELECTROCARDIOLOGY	349,056	4,863	0	993	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,774	14,917	0	3,045	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,169,473	280,050	0	57,172	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,734	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,258,074	70,468	0	14,386	0
74.00	07400	RENAL DIALYSIS	73,380	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	120,923	96,608	0	19,722	0
76.00	03160	CARDIOPULMONARY	28,664	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,021,299	1,069,089	0	218,253	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	388,757	0	0	0	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	118,890	0	0	0	0
93.07	04957	CLINTON COUNTY	61,734	0	0	0	0
93.18	04968	PSYCH MEDICATION	126,013	0	0	0	0
93.43	04993	NEW BEGINNINGS	656	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	402,307	80,896	0	16,515	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,409,568	9,262,632	589,691	1,847,901	1,396,355
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	21,287	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	779,695	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0
194.08	07958	SOUTH BERKLEY BLDG	6,014	0	0	0	0
194.09	07959	MOBILE CLINIC	13,288	0	0	0	0
194.10	07960	PLASTIC SURGERY	7,151	0	0	0	0
194.11	07961	KOKOMO SCHOOL BASED	416,127	0	0	0	0
194.15	07965	INDIANA SURGERY CENTER	13,353	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 11:52 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.00	7.00	8.00	9.00	10.00		
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	0	194.16
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,666,483	9,262,632	589,691	1,847,901	1,396,355		202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,510,751					11.00
13.00	01300	NURSING ADMINISTRATION	39,755	3,009,502				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,321,216			16.00
17.00	01700	SOCIAL SERVICE	24,848	5,763	0	674,516		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	13,837	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	484,690	1,368,067	117,409	574,564	0	30.00
31.00	03100	INTENSIVE CARE UNIT	84,991	313,086	19,470	67,633	0	31.00
43.00	04300	NURSERY	12,901	41,067	2,984	32,319	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	137,144	329,316	129,883	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,830	98,142	6,665	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,650	0	56,195	0	0	54.00
54.01	03480	ONCOLOGY	76,431	90,151	70,908	0	0	54.01
57.00	05700	CT SCAN	27,175	0	80,405	0	0	57.00
58.00	05800	MRI	8,825	16,725	32,348	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,944	126,307	96,489	0	0	59.00
60.00	06000	LABORATORY	0	0	136,882	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	70,968	0	24,023	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,982	0	4,065	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,606	0	3,217	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,699	0	849	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,900	44,699	40,131	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,238	0	667	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	53,867	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,053	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,405	0	219,499	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,466	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	21,769	36,001	4,213	0	0	75.01
76.00	03160	CARDIOPULMONARY	4,889	7,844	1,493	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	151,274	461,280	163,376	0	0	91.00
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
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	9,880	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	442	613	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	785	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	70,612	265	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	0	2	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	15,114	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,510,751	3,009,502	1,321,216	674,516	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		11.00	13.00	16.00	17.00	19.00		
194.15	07965	INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,510,751	3,009,502	1,321,216	674,516	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:  
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Cost Center Description		PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PASTORAL CARE	411,161			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	411,161	23,289,318	0	23,289,318
31.00	03100	INTENSIVE CARE UNIT	0	3,637,791	0	3,637,791
43.00	04300	NURSERY	0	738,452	0	738,452
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	10,985,565	0	10,985,565
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,459,578	0	1,459,578
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,662,776	0	4,662,776
54.01	03480	ONCOLOGY	0	5,167,812	0	5,167,812
57.00	05700	CT SCAN	0	1,084,616	0	1,084,616
58.00	05800	MRI	0	1,225,972	0	1,225,972
59.00	05900	CARDIAC CATHETERIZATION	0	2,859,263	0	2,859,263
60.00	06000	LABORATORY	0	4,902,323	0	4,902,323
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	2,392,946	0	2,392,946
66.00	06600	PHYSICAL THERAPY	0	748,528	0	748,528
67.00	06700	OCCUPATIONAL THERAPY	0	566,060	0	566,060
68.00	06800	SPEECH PATHOLOGY	0	152,488	0	152,488
69.00	06900	ELECTROCARDIOLOGY	0	1,829,136	0	1,829,136
70.00	07000	ELECTROENCEPHALOGRAPHY	0	122,302	0	122,302
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,045,029	0	6,045,029
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,699,541	0	1,699,541
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,993,882	0	20,993,882
74.00	07400	RENAL DIALYSIS	0	356,228	0	356,228
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	03950	WOUND CARE CENTER	0	762,927	0	762,927
76.00	03160	CARDIOPULMONARY	0	152,807	0	152,807
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	7,000,850	0	7,000,850
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0
93.01	04951	GENESIS	0	1,889,365	0	1,889,365
93.02	04952	WOMEN'S CENTER	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	0	575,843	0	575,843
93.07	04957	CLINTON COUNTY	0	299,245	0	299,245
93.18	04968	PSYCH MEDICATION	0	680,099	0	680,099
93.43	04993	NEW BEGINNINGS	0	3,175	0	3,175
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	2,057,519	0	2,057,519
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,161	108,341,436	0	108,341,436
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	102,915	0	102,915
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,769,517	0	3,769,517
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	29,074	0	29,074
194.09	07959	MOBILE CLINIC	0	64,244	0	64,244

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:  
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To 12/31/2017

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Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.10	07960	PLASTIC SURGERY	0	34,571	0	34,571	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	2,011,811	0	2,011,811	194.11
194.15	07965	INDIANA SURGERY CENTER	0	64,558	0	64,558	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	411,161	114,418,126	0	114,418,126	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
<b>GENERAL SERVICE COST CENTERS</b>								
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	41,457	30,806	72,263	4.00		
5.00 00500	ADMINISTRATIVE & GENERAL	332,171	951,025	706,684	1,989,880	5.00		
7.00 00700	OPERATION OF PLANT	198,678	463,513	344,425	1,006,616	7.00		
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,968	17,810	41,778	8.00		
9.00 00900	HOUSEKEEPING	0	25,891	19,239	45,130	9.00		
10.00 01000	DIETARY	0	76,856	57,110	133,966	10.00		
11.00 01100	CAFETERIA	0	45,050	33,476	78,526	11.00		
13.00 01300	NURSING ADMINISTRATION	0	8,037	5,972	14,009	13.00		
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,889	24,439	57,328	16.00		
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00		
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00		
23.00 02300	PASTORAL CARE	0	9,552	7,098	16,650	23.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	1,497	605,362	449,830	1,056,689	30.00		
31.00 03100	INTENSIVE CARE UNIT	0	57,764	42,923	100,687	31.00		
43.00 04300	NURSERY	0	24,753	18,393	43,146	43.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	101,038	218,916	162,671	482,625	50.00		
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	59,145	43,950	103,095	52.00		
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00		
54.00 05400	RADIOLOGY-DIAGNOSTIC	312,560	212,272	157,734	682,566	54.00		
54.01 03480	ONCOLOGY	557,536	227,008	168,684	953,228	54.01		
57.00 05700	CT SCAN	108,336	6,633	4,929	119,898	57.00		
58.00 05800	MRI	472,552	0	0	472,552	58.00		
59.00 05900	CARDIAC CATHETERIZATION	21,755	46,432	34,502	102,689	59.00		
60.00 06000	LABORATORY	38,279	54,226	40,294	132,799	60.00		
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00		
65.00 06500	RESPIRATORY THERAPY	243	48,577	36,096	84,916	65.00		
66.00 06600	PHYSICAL THERAPY	0	12,625	9,381	22,006	66.00		
67.00 06700	OCCUPATIONAL THERAPY	0	7,772	5,775	13,547	67.00		
68.00 06800	SPEECH PATHOLOGY	0	3,891	2,892	6,783	68.00		
69.00 06900	ELECTROCARDIOLOGY	130,781	1,150	854	132,785	69.00		
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,527	2,621	6,148	70.00		
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,469	66,210	49,199	133,878	71.00		
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00		
73.00 07300	DRUGS CHARGED TO PATIENTS	336,095	16,660	12,380	365,135	73.00		
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00		
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00		
75.01 03950	WOUND CARE CENTER	7,375	22,840	16,972	47,187	75.01		
76.00 03160	CARDIOPULMONARY	0	0	0	0	76.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00 09100	EMERGENCY	0	252,756	187,817	440,573	91.00		
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00		
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01		
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00		
93.01 04951	GENESIS	311	0	0	311	93.01		
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02		
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03		
93.04 04954	DR. STEELE	0	0	0	0	93.04		
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05		
93.06 04956	HOWARD COUNTY CSS	119,187	0	0	119,187	93.06		
93.07 04957	CLINTON COUNTY	58,466	0	0	58,466	93.07		
93.18 04968	PSYCH MEDICATION	800	0	0	800	93.18		
93.43 04993	NEW BEGINNINGS	0	0	0	0	93.43		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500	AMBULANCE SERVICES	0	19,126	14,212	33,338	95.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300	INTEREST EXPENSE					113.00		
114.00 11400	UTILIZATION REVIEW - SNF					114.00		
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	2,816,129	3,645,883	2,709,168	9,171,180	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00		
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	190.01		
192.00 19200	PHYSICIANS' PRIVATE OFFICES	567,450	0	0	567,450	192.00		
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00		
194.00 07950	HEALTHY CHILDREN	0	0	0	0	194.00		
194.08 07958	SOUTH BERKLEY BLDG	7,167	0	0	7,167	194.08		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

Period:  
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To 12/31/2017

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.09 07959 MOBILE CLINIC	363	0	0	363	73	194.09
194.10 07960 PLASTIC SURGERY	26,370	0	0	26,370	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	2,895	0	0	2,895	2,380	194.11
194.15 07965 INDIANA SURGERY CENTER	53,249	0	0	53,249	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	3,473,623	3,645,883	2,709,168	9,828,674	72,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,998,818				5.00
7.00	00700	OPERATION OF PLANT	161,812	1,170,998			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,531	12,816	63,182		8.00
9.00	00900	HOUSEKEEPING	30,368	13,845	0	90,917	9.00
10.00	01000	DIETARY	17,555	41,097	0	3,265	196,590
11.00	01100	CAFETERIA	22,383	24,090	0	1,914	0
13.00	01300	NURSING ADMINISTRATION	51,164	4,298	0	341	0
16.00	01600	MEDICAL RECORDS & LIBRARY	20,154	17,587	0	1,397	0
17.00	01700	SOCIAL SERVICE	11,249	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	6,091	5,108	0	406	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	271,795	323,704	53,820	25,718	167,459
31.00	03100	INTENSIVE CARE UNIT	46,456	30,888	6,335	2,454	19,712
43.00	04300	NURSERY	7,476	13,236	3,027	1,052	9,419
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	162,014	117,061	0	9,300	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,866	31,627	0	2,513	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,283	113,508	0	9,018	0
54.01	03480	ONCOLOGY	65,931	121,388	0	9,644	0
57.00	05700	CT SCAN	16,478	3,547	0	282	0
58.00	05800	MRI	20,405	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	41,193	24,829	0	1,973	0
60.00	06000	LABORATORY	78,424	28,996	0	2,304	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	35,822	25,975	0	2,064	0
66.00	06600	PHYSICAL THERAPY	11,446	6,751	0	536	0
67.00	06700	OCCUPATIONAL THERAPY	8,851	4,156	0	330	0
68.00	06800	SPEECH PATHOLOGY	2,221	2,081	0	165	0
69.00	06900	ELECTROCARDIOLOGY	29,480	615	0	49	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,755	1,886	0	150	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,770	35,404	0	2,813	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,200	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	359,638	8,909	0	708	0
74.00	07400	RENAL DIALYSIS	6,197	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	10,213	12,213	0	970	0
76.00	03160	CARDIOPULMONARY	2,421	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	86,256	135,156	0	10,738	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	32,833	0	0	0	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	10,041	0	0	0	0
93.07	04957	CLINTON COUNTY	5,214	0	0	0	0
93.18	04968	PSYCH MEDICATION	10,643	0	0	0	0
93.43	04993	NEW BEGINNINGS	55	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	33,978	10,227	0	813	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,892,662	1,170,998	63,182	90,917	196,590
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	1,798	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,851	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0
194.08	07958	SOUTH BERKLEY BLDG	508	0	0	0	0
194.09	07959	MOBILE CLINIC	1,122	0	0	0	0
194.10	07960	PLASTIC SURGERY	604	0	0	0	0
194.11	07961	KOKOMO SCHOOL BASED	35,145	0	0	0	0
194.15	07965	INDIANA SURGERY CENTER	1,128	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
194.16	07966	PASTORAL CARE ALLIED HEALTH	5.00	7.00	8.00	9.00	10.00	0
200.00		Cross Foot Adjustments	0	0	0	0	0	194.16
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118 through 201)	1,998,818	1,170,998	63,182	90,917	196,590	201.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	128,131					11.00
13.00	01300	NURSING ADMINISTRATION	3,372	74,392				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	96,466			16.00
17.00	01700	SOCIAL SERVICE	2,107	142	0	14,236		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	1,174	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	41,107	33,817	8,581	12,127		30.00
31.00	03100	INTENSIVE CARE UNIT	7,208	7,739	1,423	1,427		31.00
43.00	04300	NURSERY	1,094	1,015	218	682		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,632	8,141	9,492	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,615	2,426	487	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,331	0	4,107	0		54.00
54.01	03480	ONCOLOGY	6,482	2,228	5,182	0		54.01
57.00	05700	CT SCAN	2,305	0	5,876	0		57.00
58.00	05800	MRI	749	413	2,364	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,557	3,122	7,052	0		59.00
60.00	06000	LABORATORY	0	0	10,004	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	6,019	0	1,756	0		65.00
66.00	06600	PHYSICAL THERAPY	2,119	0	297	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,408	0	235	0		67.00
68.00	06800	SPEECH PATHOLOGY	399	0	62	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,317	1,105	2,933	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	275	0	49	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,937	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,050	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,770	0	15,949	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	107	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	1,846	890	308	0		75.01
76.00	03160	CARDIOPULMONARY	415	194	109	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	12,830	11,403	11,940	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
93.01	04951	GENESIS	0	0	722	0		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0		93.03
93.04	04954	DR. STEELE	0	0	0	0		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS	0	11	45	0		93.06
93.07	04957	CLINTON COUNTY	0	0	57	0		93.07
93.18	04968	PSYCH MEDICATION	0	1,746	19	0		93.18
93.43	04993	NEW BEGINNINGS	0	0	0	0		93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	1,105	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,131	74,392	96,466	14,236	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0		194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0		194.08
194.09	07959	MOBILE CLINIC	0	0	0	0		194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0		194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0007			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		11.00	13.00	16.00	17.00	19.00		
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0		194.15	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers	0	0	0	0		0	201.00
202.00	TOTAL (sum lines 118 through 201)	128,131	74,392	96,466	14,236		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PASTORAL CARE	29,849			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		2,009,387	0	30.00
31.00	03100	INTENSIVE CARE UNIT		226,902	0	31.00
43.00	04300	NURSERY		80,757	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		804,079	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		161,566	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		878,078	0	54.00
54.01	03480	ONCOLOGY		1,166,403	0	54.01
57.00	05700	CT SCAN		149,212	0	57.00
58.00	05800	MRI		497,131	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		185,690	0	59.00
60.00	06000	LABORATORY		252,527	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		158,639	0	65.00
66.00	06600	PHYSICAL THERAPY		43,804	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		29,032	0	67.00
68.00	06800	SPEECH PATHOLOGY		11,854	0	68.00
69.00	06900	ELECTROCARDIOLOGY		172,808	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		10,359	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		274,802	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		31,250	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		762,245	0	73.00
74.00	07400	RENAL DIALYSIS		6,304	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	75.00
75.01	03950	WOUND CARE CENTER		74,308	0	75.01
76.00	03160	CARDIOPULMONARY		3,288	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY		713,398	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES		0	0	93.00
93.01	04951	GENESIS		36,124	0	93.01
93.02	04952	WOMEN'S CENTER		0	0	93.02
93.03	04953	RESIDENTIAL HOMES		0	0	93.03
93.04	04954	DR. STEELE		0	0	93.04
93.05	04955	DIABETIC EDUCATION		0	0	93.05
93.06	04956	HOWARD COUNTY CSS		130,009	0	93.06
93.07	04957	CLINTON COUNTY		64,436	0	93.07
93.18	04968	PSYCH MEDICATION		13,849	0	93.18
93.43	04993	NEW BEGINNINGS		55	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES		81,244	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,029,540	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION		1,901	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		636,380	0	192.00
193.00	19300	NONPAID WORKERS		0	0	193.00
194.00	07950	HEALTHY CHILDREN		0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG		7,675	0	194.08
194.09	07959	MOBILE CLINIC		1,558	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.10	07960	PLASTIC SURGERY		26,974	0	26,974		194.10
194.11	07961	KOKOMO SCHOOL BASED		40,420	0	40,420		194.11
194.15	07965	INDIANA SURGERY CENTER		54,377	0	54,377		194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH		0	0	0		194.16
200.00		Cross Foot Adjustments	29,849	29,849	0	29,849		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	29,849	9,828,674	0	9,828,674		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	329,788				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		329,788			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	39,361,246		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	86,025	86,025	4,867,949	-23,666,483	5.00
7.00 00700	OPERATION OF PLANT	41,927	41,927	1,399,662	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	2,168	31,186	0	8.00
9.00 00900	HOUSEKEEPING	2,342	2,342	857,272	0	9.00
10.00 01000	DIETARY	6,952	6,952	385,065	0	10.00
11.00 01100	CAFETERIA	4,075	4,075	663,397	0	11.00
13.00 01300	NURSING ADMINISTRATION	727	727	658,034	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	401,868	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	864	864	229,030	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	54,758	54,758	7,937,691	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,225	5,225	1,401,626	0	31.00
43.00 04300	NURSERY	2,239	2,239	213,537	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,802	19,802	2,077,224	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,350	5,350	510,310	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,233,795	0	54.00
54.01 03480	ONCOLOGY	20,534	20,534	1,263,742	0	54.01
57.00 05700	CT SCAN	600	600	449,799	0	57.00
58.00 05800	MRI	0	0	352,828	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,200	4,200	694,261	0	59.00
60.00 06000	LABORATORY	4,905	4,905	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,394	4,394	1,136,788	0	65.00
66.00 06600	PHYSICAL THERAPY	1,142	1,142	353,586	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	703	703	274,873	0	67.00
68.00 06800	SPEECH PATHOLOGY	352	352	77,780	0	68.00
69.00 06900	ELECTROCARDIOLOGY	104	104	830,101	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	319	319	52,316	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	5,989	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,507	1,507	1,708,153	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	2,066	2,066	370,645	0	75.01
76.00 03160	CARDIOPULMONARY	0	0	80,921	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	22,863	22,863	2,452,232	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	0	0	1,230,065	0	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	0	0	395,070	0	93.06
93.07 04957	CLINTON COUNTY	0	0	380,695	0	93.07
93.18 04968	PSYCH MEDICATION	0	0	348,872	0	93.18
93.43 04993	NEW BEGINNINGS	0	0	43	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	1,730	1,730	971,221	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	329,788	329,788	36,291,637	-23,666,483	85,931,868
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	56,285	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,677,193	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.08 07958 SOUTH BERKLEY BLDG	0	0	0	0	23,060	194.08
194.09 07959 MOBILE CLINIC	0	0	39,704	0	50,956	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	27,420	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	1,296,427	0	1,595,684	194.11
194.15 07965 INDIANA SURGERY CENTER	0	0	0	0	51,205	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,645,883	2,709,168	1,615,881		23,666,483	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.055232	8.214877	0.041053		0.260783	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			72,263		1,998,818	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001836		0.022025	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	198,086				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	17,114			8.00
9.00	00900	HOUSEKEEPING	2,342	0	193,576		9.00
10.00	01000	DIETARY	6,952	0	6,952	17,114	10.00
11.00	01100	CAFETERIA	4,075	0	4,075	0	25,006,309
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	658,034
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	411,282
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PASTORAL CARE	864	0	864	0	229,030
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,758	14,578	54,758	14,578	8,022,763
31.00	03100	INTENSIVE CARE UNIT	5,225	1,716	5,225	1,716	1,406,793
43.00	04300	NURSERY	2,239	820	2,239	820	213,537
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	2,270,029
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,350	0	5,350	0	510,310
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	1,235,616
54.01	03480	ONCOLOGY	20,534	0	20,534	0	1,265,104
57.00	05700	CT SCAN	600	0	600	0	449,799
58.00	05800	MRI	0	0	0	0	146,081
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	694,261
60.00	06000	LABORATORY	4,905	0	4,905	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	1,174,676
66.00	06600	PHYSICAL THERAPY	1,142	0	1,142	0	413,514
67.00	06700	OCCUPATIONAL THERAPY	703	0	703	0	274,873
68.00	06800	SPEECH PATHOLOGY	352	0	352	0	77,780
69.00	06900	ELECTROCARDIOLOGY	104	0	104	0	842,503
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	319	0	53,593
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	0	5,989	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	0	1,507	0	1,711,572
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	2,066	0	2,066	0	360,329
76.00	03160	CARDIOPULMONARY	0	0	0	0	80,921
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,863	0	22,863	0	2,503,909
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	0	0	0	0	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	0	0	0	0	0
93.07	04957	CLINTON COUNTY	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	0	0
93.43	04993	NEW BEGINNINGS	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,730	0	1,730	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,086	17,114	193,576	17,114	25,006,309
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0
194.09	07959	MOBILE CLINIC	0	0	0	0	0
194.10	07960	PLASTIC SURGERY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,262,632	589,691	1,847,901	1,396,355	1,510,751	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	46.760660	34.456644	9.546127	81.591387	0.060415	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,170,998	63,182	90,917	196,590	128,131	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.911564	3.691831	0.469671	11.487087	0.005124	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	12,723,408					13.00
16.00	01600	0	478,067,220				16.00
17.00	01700	24,363	0	17,114			17.00
19.00	01900	0	0	0	0		19.00
23.00	02300	0	0	0		100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,783,857	42,478,097	14,578	0	100	30.00
31.00	03100	1,323,645	7,043,985	1,716	0	0	31.00
43.00	04300	173,620	1,079,509	820	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,392,261	46,990,845	0	0	0	50.00
52.00	05200	414,918	2,411,302	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	20,331,188	0	0	0	54.00
54.01	03480	381,135	25,654,260	0	0	0	54.01
57.00	05700	0	29,090,236	0	0	0	57.00
58.00	05800	70,707	11,703,397	0	0	0	58.00
59.00	05900	533,992	34,909,267	0	0	0	59.00
60.00	06000	0	49,523,151	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	8,691,266	0	0	0	65.00
66.00	06600	0	1,470,546	0	0	0	66.00
67.00	06700	0	1,164,060	0	0	0	67.00
68.00	06800	0	307,214	0	0	0	68.00
69.00	06900	188,976	14,519,108	0	0	0	69.00
70.00	07000	0	241,317	0	0	0	70.00
71.00	07100	0	19,488,615	0	0	0	71.00
72.00	07200	0	10,149,550	0	0	0	72.00
73.00	07300	0	79,472,186	0	0	0	73.00
74.00	07400	0	530,480	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	152,203	1,524,108	0	0	0	75.01
76.00	03160	33,162	540,063	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	1,950,172	59,108,446	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	3,574,596	0	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	1,867	221,739	0	0	0	93.06
93.07	04957	0	284,151	0	0	0	93.07
93.18	04968	298,530	95,970	0	0	0	93.18
93.43	04993	0	560	0	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	5,468,008	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
114.00	11400						114.00
118.00		12,723,408	478,067,220	17,114	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,009,502	1,321,216	674,516	0	411,161	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.236533	0.002764	39.413112	0.000000	4,111.610000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	74,392	96,466	14,236	0	29,849	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005847	0.000202	0.831834	0.000000	298.490000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,289,318		23,289,318	0	23,289,318	30.00
31.00	03100	INTENSIVE CARE UNIT	3,637,791		3,637,791	0	3,637,791	31.00
43.00	04300	NURSEY	738,452		738,452	0	738,452	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,985,565		10,985,565	0	10,985,565	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,459,578		1,459,578	0	1,459,578	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,662,776		4,662,776	0	4,662,776	54.00
54.01	03480	ONCOLOGY	5,167,812		5,167,812	0	5,167,812	54.01
57.00	05700	CT SCAN	1,084,616		1,084,616	0	1,084,616	57.00
58.00	05800	MRI	1,225,972		1,225,972	0	1,225,972	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,859,263		2,859,263	0	2,859,263	59.00
60.00	06000	LABORATORY	4,902,323		4,902,323	0	4,902,323	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,392,946	0	2,392,946	0	2,392,946	65.00
66.00	06600	PHYSICAL THERAPY	748,528	0	748,528	0	748,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	566,060	0	566,060	0	566,060	67.00
68.00	06800	SPEECH PATHOLOGY	152,488	0	152,488	0	152,488	68.00
69.00	06900	ELECTROCARDIOLOGY	1,829,136		1,829,136	0	1,829,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,302		122,302	0	122,302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,045,029		6,045,029	0	6,045,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,699,541		1,699,541	0	1,699,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,993,882		20,993,882	0	20,993,882	73.00
74.00	07400	RENAL DIALYSIS	356,228		356,228	0	356,228	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03950	WOUND CARE CENTER	762,927		762,927	0	762,927	75.01
76.00	03160	CARDIOPULMONARY	152,807		152,807	0	152,807	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	7,000,850		7,000,850	0	7,000,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,641,530		2,641,530	0	2,641,530	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
93.01	04951	GENESIS	1,889,365		1,889,365	0	1,889,365	93.01
93.02	04952	WOMEN'S CENTER	0		0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0		0	0	0	93.03
93.04	04954	DR. STEELE	0		0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0		0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	575,843		575,843	0	575,843	93.06
93.07	04957	CLINTON COUNTY	299,245		299,245	0	299,245	93.07
93.18	04968	PSYCH MEDICATION	680,099		680,099	0	680,099	93.18
93.43	04993	NEW BEGINNINGS	3,175		3,175	0	3,175	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,057,519		2,057,519	0	2,057,519	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	110,982,966	0	110,982,966	0	110,982,966	200.00
201.00		Less Observation Beds	2,641,530		2,641,530		2,641,530	201.00
202.00		Total (see instructions)	108,341,436	0	108,341,436	0	108,341,436	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 11:52 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	39,800,344		39,800,344				30.00
31.00	03100	INTENSIVE CARE UNIT	7,043,985		7,043,985				31.00
43.00	04300	NURSERY	1,079,509		1,079,509				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,734,721	25,256,124	46,990,845	0.233781	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,411,302	0	2,411,302	0.605307	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,208,445	17,122,743	20,331,188	0.229341	0.000000		54.00
54.01	03480	ONCOLOGY	217,700	25,436,560	25,654,260	0.201441	0.000000		54.01
57.00	05700	CT SCAN	6,362,581	22,727,655	29,090,236	0.037285	0.000000		57.00
58.00	05800	MRI	933,489	10,769,908	11,703,397	0.104754	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	13,671,084	21,238,183	34,909,267	0.081906	0.000000		59.00
60.00	06000	LABORATORY	17,165,264	32,357,887	49,523,151	0.098991	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	6,300,371	2,390,895	8,691,266	0.275328	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,394,187	76,359	1,470,546	0.509014	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,084,105	79,955	1,164,060	0.486281	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	175,207	132,007	307,214	0.496358	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,483,644	11,035,464	14,519,108	0.125981	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,629	194,688	241,317	0.506811	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,334,424	8,154,191	19,488,615	0.310183	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,697,693	4,451,857	10,149,550	0.167450	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,425,472	64,046,714	79,472,186	0.264166	0.000000		73.00
74.00	07400	RENAL DIALYSIS	530,480	0	530,480	0.671520	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	136,242	1,387,866	1,524,108	0.500573	0.000000		75.01
76.00	03160	CARDIOPULMONARY	1,130	538,933	540,063	0.282943	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	11,879,619	47,228,827	59,108,446	0.118441	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	474,033	2,203,720	2,677,753	0.986473	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	0	3,574,596	3,574,596	0.528553	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	3,982	217,757	221,739	2.596941	0.000000		93.06
93.07	04957	CLINTON COUNTY	0	284,151	284,151	1.053120	0.000000		93.07
93.18	04968	PSYCH MEDICATION	90,107	5,863	95,970	7.086579	0.000000		93.18
93.43	04993	NEW BEGINNINGS	0	560	560	5.669643	0.000000		93.43
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	5,468,008	5,468,008	0.376283	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	171,685,749	306,381,471	478,067,220				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	171,685,749	306,381,471	478,067,220				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:52 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.233781		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.605307		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229341		54.00
54.01	03480 ONCOLOGY	0.201441		54.01
57.00	05700 CT SCAN	0.037285		57.00
58.00	05800 MRI	0.104754		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081906		59.00
60.00	06000 LABORATORY	0.098991		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.275328		65.00
66.00	06600 PHYSICAL THERAPY	0.509014		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.486281		67.00
68.00	06800 SPEECH PATHOLOGY	0.496358		68.00
69.00	06900 ELECTROCARDIOLOGY	0.125981		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.506811		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.310183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.167450		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264166		73.00
74.00	07400 RENAL DIALYSIS	0.671520		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.500573		75.01
76.00	03160 CARDIOPULMONARY	0.282943		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.118441		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.986473		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.528553		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	2.596941		93.06
93.07	04957 CLINTON COUNTY	1.053120		93.07
93.18	04968 PSYCH MEDICATION	7.086579		93.18
93.43	04993 NEW BEGINNINGS	5.669643		93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.376283		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW - SNF			114.00
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: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:52 am
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		23,289,318	0	23,289,318
31.00	03100 INTENSIVE CARE UNIT		3,637,791	0	3,637,791
43.00	04300 NURSEY		738,452	0	738,452
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		10,985,565	0	10,985,565
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,459,578	0	1,459,578
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,662,776	0	4,662,776
54.01	03480 ONCOLOGY		5,167,812	0	5,167,812
57.00	05700 CT SCAN		1,084,616	0	1,084,616
58.00	05800 MRI		1,225,972	0	1,225,972
59.00	05900 CARDIAC CATHETERIZATION		2,859,263	0	2,859,263
60.00	06000 LABORATORY		4,902,323	0	4,902,323
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,392,946	0	2,392,946
66.00	06600 PHYSICAL THERAPY	0	748,528	0	748,528
67.00	06700 OCCUPATIONAL THERAPY	0	566,060	0	566,060
68.00	06800 SPEECH PATHOLOGY	0	152,488	0	152,488
69.00	06900 ELECTROCARDIOLOGY		1,829,136	0	1,829,136
70.00	07000 ELECTROENCEPHALOGRAPHY		122,302	0	122,302
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,045,029	0	6,045,029
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,699,541	0	1,699,541
73.00	07300 DRUGS CHARGED TO PATIENTS		20,993,882	0	20,993,882
74.00	07400 RENAL DIALYSIS		356,228	0	356,228
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		762,927	0	762,927
76.00	03160 CARDIOPULMONARY		152,807	0	152,807
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY		7,000,850	0	7,000,850
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,641,530	0	2,641,530
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		1,889,365	0	1,889,365
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		575,843	0	575,843
93.07	04957 CLINTON COUNTY		299,245	0	299,245
93.18	04968 PSYCH MEDICATION		680,099	0	680,099
93.43	04993 NEW BEGINNINGS		3,175	0	3,175
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		2,057,519	0	2,057,519
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW - SNF				
200.00	Subtotal (see instructions)		110,982,966	0	110,982,966
201.00	Less Observation Beds		2,641,530	0	2,641,530
202.00	Total (see instructions)		108,341,436	0	108,341,436

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital Cost							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,800,344		39,800,344		30.00
31.00	03100	INTENSIVE CARE UNIT	7,043,985		7,043,985		31.00
43.00	04300	NURSERY	1,079,509		1,079,509		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,734,721	25,256,124	46,990,845	0.233781	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,411,302	0	2,411,302	0.605307	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,208,445	17,122,743	20,331,188	0.229341	54.00
54.01	03480	ONCOLOGY	217,700	25,436,560	25,654,260	0.201441	54.01
57.00	05700	CT SCAN	6,362,581	22,727,655	29,090,236	0.037285	57.00
58.00	05800	MRI	933,489	10,769,908	11,703,397	0.104754	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,671,084	21,238,183	34,909,267	0.081906	59.00
60.00	06000	LABORATORY	17,165,264	32,357,887	49,523,151	0.098991	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	6,300,371	2,390,895	8,691,266	0.275328	65.00
66.00	06600	PHYSICAL THERAPY	1,394,187	76,359	1,470,546	0.509014	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,084,105	79,955	1,164,060	0.486281	67.00
68.00	06800	SPEECH PATHOLOGY	175,207	132,007	307,214	0.496358	68.00
69.00	06900	ELECTROCARDIOLOGY	3,483,644	11,035,464	14,519,108	0.125981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,629	194,688	241,317	0.506811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,334,424	8,154,191	19,488,615	0.310183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,697,693	4,451,857	10,149,550	0.167450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,425,472	64,046,714	79,472,186	0.264166	73.00
74.00	07400	RENAL DIALYSIS	530,480	0	530,480	0.671520	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	136,242	1,387,866	1,524,108	0.500573	75.01
76.00	03160	CARDIOPULMONARY	1,130	538,933	540,063	0.282943	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,879,619	47,228,827	59,108,446	0.118441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	474,033	2,203,720	2,677,753	0.986473	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04951	GENESIS	0	3,574,596	3,574,596	0.528553	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	3,982	217,757	221,739	2.596941	93.06
93.07	04957	CLINTON COUNTY	0	284,151	284,151	1.053120	93.07
93.18	04968	PSYCH MEDICATION	90,107	5,863	95,970	7.086579	93.18
93.43	04993	NEW BEGINNINGS	0	560	560	5.669643	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,468,008	5,468,008	0.376283	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (see instructions)	171,685,749	306,381,471	478,067,220		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	171,685,749	306,381,471	478,067,220		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:52 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03480 ONCOLOGY	0.000000		54.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.000000		75.01
76.00	03160 CARDIOPULMONARY	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.000000		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	0.000000		93.06
93.07	04957 CLINTON COUNTY	0.000000		93.07
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.43	04993 NEW BEGINNINGS	0.000000		93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/30/2018 11:52 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,009,387	0	2,009,387	16,443	122.20	30.00	
31.00	INTENSIVE CARE UNIT	226,902		226,902	1,716	132.23	31.00	
43.00	NURSERY	80,757		80,757	820	98.48	43.00	
200.00	Total (Lines 30 through 199)	2,317,046		2,317,046	18,979		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	6,911	844,524					30.00
31.00	INTENSIVE CARE UNIT	918	121,387					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30 through 199)	7,829	965,911					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	804,079	46,990,845	0.017111	9,689,471	165,797	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,566	2,411,302	0.067004	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	878,078	20,331,188	0.043189	1,802,257	77,838	54.00
54.01	03480	ONCOLOGY	1,166,403	25,654,260	0.045466	138,701	6,306	54.01
57.00	05700	CT SCAN	149,212	29,090,236	0.005129	3,450,233	17,696	57.00
58.00	05800	MRI	497,131	11,703,397	0.042477	492,958	20,939	58.00
59.00	05900	CARDIAC CATHETERIZATION	185,690	34,909,267	0.005319	7,498,691	39,886	59.00
60.00	06000	LABORATORY	252,527	49,523,151	0.005099	9,379,238	47,825	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	158,639	8,691,266	0.018253	3,364,499	61,412	65.00
66.00	06600	PHYSICAL THERAPY	43,804	1,470,546	0.029788	748,252	22,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,032	1,164,060	0.024940	562,449	14,027	67.00
68.00	06800	SPEECH PATHOLOGY	11,854	307,214	0.038585	123,354	4,760	68.00
69.00	06900	ELECTROCARDIOLOGY	172,808	14,519,108	0.011902	2,058,463	24,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,359	241,317	0.042927	30,565	1,312	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	274,802	19,488,615	0.014101	5,765,336	81,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,250	10,149,550	0.003079	3,167,550	9,753	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	762,245	79,472,186	0.009591	7,809,520	74,901	73.00
74.00	07400	RENAL DIALYSIS	6,304	530,480	0.011884	435,171	5,172	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	WOUND CARE CENTER	74,308	1,524,108	0.048755	74,177	3,616	75.01
76.00	03160	CARDIOPULMONARY	3,288	540,063	0.006088	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	713,398	59,108,446	0.012069	6,066,549	73,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	227,909	2,677,753	0.085112	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951	GENESIS	36,124	3,574,596	0.010106	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954	DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	130,009	221,739	0.586315	0	0	93.06
93.07	04957	CLINTON COUNTY	64,436	284,151	0.226767	0	0	93.07
93.18	04968	PSYCH MEDICATION	13,849	95,970	0.144306	0	0	93.18
93.43	04993	NEW BEGINNINGS	55	560	0.098214	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,859,159	424,675,374		62,657,434	752,543	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/30/2018 11:52 am		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	411,161	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	411,161	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	411,161	16,443	25.01	6,911	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,716	0.00	918	31.00	
43.00	04300	NURSERY		0	820	0.00	0	43.00	
200.00		Total (lines 30 through 199)		411,161	18,979		7,829	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	172,844						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	172,844						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:52 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03480 ONCOLOGY	0	0	0	0	0	0	54.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	0	0	0	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	46,634	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
93.01 04951 GENESIS	0	0	0	0	0	0	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0	0	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	0	0	0	93.06
93.07 04957 CLINTON COUNTY	0	0	0	0	0	0	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0	0	93.18
93.43 04993 NEW BEGINNINGS	0	0	0	0	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	46,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:52 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	46,990,845	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,411,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	20,331,188	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	25,654,260	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	29,090,236	0.000000	57.00
58.00	05800	MRI	0	0	0	11,703,397	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,909,267	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,523,151	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,691,266	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,470,546	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,164,060	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	307,214	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,519,108	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	241,317	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,488,615	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,149,550	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	79,472,186	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	530,480	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	0	0	0	1,524,108	0.000000	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	540,063	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	59,108,446	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	46,634	46,634	2,677,753	0.017415	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
93.01	04951	GENESIS	0	0	0	3,574,596	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	221,739	0.000000	93.06
93.07	04957	CLINTON COUNTY	0	0	0	284,151	0.000000	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	95,970	0.000000	93.18
93.43	04993	NEW BEGINNINGS	0	0	0	560	0.000000	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	46,634	46,634	424,675,374		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:52 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	9,689,471	0	6,078,356	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,802,257	0	5,625,618	0	54.00	
54.01	03480 ONCOLOGY	0.000000	138,701	0	12,215,245	0	54.01	
57.00	05700 CT SCAN	0.000000	3,450,233	0	8,173,437	0	57.00	
58.00	05800 MRI	0.000000	492,958	0	3,821,437	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,498,691	0	10,265,747	0	59.00	
60.00	06000 LABORATORY	0.000000	9,379,238	0	6,673,932	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	3,364,499	0	1,038,098	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	748,252	0	26,402	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	562,449	0	26,440	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	123,354	0	3,951	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,058,463	0	4,834,873	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	30,565	0	46,896	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,765,336	0	2,700,173	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,167,550	0	1,762,662	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	7,809,520	0	32,774,191	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	435,171	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03950 WOUND CARE CENTER	0.000000	74,177	0	708,398	0	75.01	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	298,388	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100 EMERGENCY	0.000000	6,066,549	0	11,225,620	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.017415	0	0	2,156,483	37,555	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
93.01	04951 GENESIS	0.000000	0	0	275,773	0	93.01	
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02	
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03	
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04	
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05	
93.06	04956 HOWARD COUNTY CSS	0.000000	0	0	20,747	0	93.06	
93.07	04957 CLINTON COUNTY	0.000000	0	0	0	0	93.07	
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18	
93.43	04993 NEW BEGINNINGS	0.000000	0	0	0	0	93.43	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		62,657,434	0	110,752,867	37,555	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.233781	6,078,356	0	0	1,421,004 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.605307	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229341	5,625,618	0	0	1,290,185 54.00
54.01	03480 ONCOLOGY	0.201441	12,215,245	0	0	2,460,651 54.01
57.00	05700 CT SCAN	0.037285	8,173,437	0	0	304,747 57.00
58.00	05800 MRI	0.104754	3,821,437	0	0	400,311 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081906	10,265,747	0	0	840,826 59.00
60.00	06000 LABORATORY	0.098991	6,673,932	0	0	660,659 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.275328	1,038,098	0	0	285,817 65.00
66.00	06600 PHYSICAL THERAPY	0.509014	26,402	0	0	13,439 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.486281	26,440	0	0	12,857 67.00
68.00	06800 SPEECH PATHOLOGY	0.496358	3,951	0	0	1,961 68.00
69.00	06900 ELECTROCARDIOLOGY	0.125981	4,834,873	0	0	609,102 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.506811	46,896	0	0	23,767 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.310183	2,700,173	0	0	837,548 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.167450	1,762,662	23	0	295,158 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264166	32,774,191	0	67,435	8,657,827 73.00
74.00	07400 RENAL DIALYSIS	0.671520	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03950 WOUND CARE CENTER	0.500573	708,398	0	0	354,605 75.01
76.00	03160 CARDIOPULMONARY	0.282943	298,388	0	0	84,427 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0.118441	11,225,620	0	0	1,329,574 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.986473	2,156,483	0	0	2,127,312 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0 93.00
93.01	04951 GENESIS	0.528553	275,773	0	0	145,761 93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0 93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0 93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0 93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0 93.05
93.06	04956 HOWARD COUNTY CSS	2.596941	20,747	0	0	53,879 93.06
93.07	04957 CLINTON COUNTY	1.053120	0	0	0	0 93.07
93.18	04968 PSYCH MEDICATION	7.086579	0	0	0	0 93.18
93.43	04993 NEW BEGINNINGS	5.669643	0	0	0	0 93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.376283		0		
200.00	Subtotal (see instructions)		110,752,867	23	67,435	22,211,417 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		110,752,867	23	67,435	22,211,417 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:52 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03480 ONCOLOGY	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,814		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	0	0		75.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	0	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	0	0		93.06
93.07 04957 CLINTON COUNTY	0	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
93.43 04993 NEW BEGINNINGS	0	0		93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	4	17,814		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	4	17,814		202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2018 11:52 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.233781	0	314,559	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.605307	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229341	0	209,104	0	0	54.00
54.01	03480 ONCOLOGY	0.201441	0	804,256	0	0	54.01
57.00	05700 CT SCAN	0.037285	0	360,403	0	0	57.00
58.00	05800 MRI	0.104754	0	123,389	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081906	0	105,043	0	0	59.00
60.00	06000 LABORATORY	0.098991	0	420,332	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.275328	0	17,588	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.509014	0	3,757	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.486281	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.496358	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125981	0	79,607	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.506811	0	4,409	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.310183	0	41,772	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.167450	0	13,958	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264166	0	1,699,840	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.671520	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.500573	0	9,335	0	0	75.01
76.00	03160 CARDIOPULMONARY	0.282943	0	3,450	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.118441	0	1,057,924	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.986473	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951 GENESIS	0.528553	0	105,350	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	2.596941	0	3,551	0	0	93.06
93.07	04957 CLINTON COUNTY	1.053120	0	137	0	0	93.07
93.18	04968 PSYCH MEDICATION	7.086579	0	0	0	0	93.18
93.43	04993 NEW BEGINNINGS	5.669643	0	0	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.376283	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	5,377,764	0	0	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	5,377,764	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:52 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	73,538	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	47,956	0		54.00
54.01 03480 ONCOLOGY	162,010	0		54.01
57.00 05700 CT SCAN	13,438	0		57.00
58.00 05800 MRI	12,925	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	8,604	0		59.00
60.00 06000 LABORATORY	41,609	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	4,842	0		65.00
66.00 06600 PHYSICAL THERAPY	1,912	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	10,029	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,235	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,957	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,337	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	449,040	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	4,673	0		75.01
76.00 03160 CARDIOPULMONARY	976	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	125,302	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	55,683	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	9,222	0		93.06
93.07 04957 CLINTON COUNTY	144	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
93.43 04993 NEW BEGINNINGS	0	0		93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	1,039,432	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)	1,039,432	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 11:52 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,443	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,443	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)		14,578	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,911	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,289,318	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)		23,289,318	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,289,318	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,416.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,788,533	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)		9,788,533	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	3,637,791	1,716	2,119.92	918	1,946,087		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,775,790		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,510,410		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,138,755		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					752,543		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,891,298		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,619,112		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					1,865		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,416.37		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,641,530		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,009,387	23,289,318	0.086279	2,641,530	227,909	90.00
91.00	Nursing School cost	0	23,289,318	0.000000	2,641,530	0	91.00
92.00	Allied health cost	411,161	23,289,318	0.017654	2,641,530	46,634	92.00
93.00	All other Medical Education	0	23,289,318	0.000000	2,641,530	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	
				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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,782,713	30.00
31.00	03100	INTENSIVE CARE UNIT		3,706,869	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.233781	9,689,471	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.605307	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229341	1,802,257	54.00
54.01	03480	ONCOLOGY	0.201441	138,701	54.01
57.00	05700	CT SCAN	0.037285	3,450,233	57.00
58.00	05800	MRI	0.104754	492,958	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081906	7,498,691	59.00
60.00	06000	LABORATORY	0.098991	9,379,238	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.275328	3,364,499	65.00
66.00	06600	PHYSICAL THERAPY	0.509014	748,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.486281	562,449	67.00
68.00	06800	SPEECH PATHOLOGY	0.496358	123,354	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125981	2,058,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.506811	30,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.310183	5,765,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167450	3,167,550	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264166	7,809,520	73.00
74.00	07400	RENAL DIALYSIS	0.671520	435,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.500573	74,177	75.01
76.00	03160	CARDIOPULMONARY	0.282943	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.118441	6,066,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.986473	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	0.528553	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	93.05
93.06	04956	HOWARD COUNTY CSS	2.596941	0	93.06
93.07	04957	CLINTON COUNTY	1.053120	0	93.07
93.18	04968	PSYCH MEDICATION	7.086579	0	93.18
93.43	04993	NEW BEGINNINGS	5.669643	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		62,657,434	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)		62,657,434	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 11:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		684,896		30.00
31.00	03100 INTENSIVE CARE UNIT		157,504		31.00
43.00	04300 NURSERY		462,197		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.233781	136,686	31,955	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.605307	41,382	25,049	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229341	34,677	7,953	54.00
54.01	03480 ONCOLOGY	0.201441	0	0	54.01
57.00	05700 CT SCAN	0.037285	63,225	2,357	57.00
58.00	05800 MRI	0.104754	14,188	1,486	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.081906	1,605	131	59.00
60.00	06000 LABORATORY	0.098991	209,801	20,768	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.275328	87,808	24,176	65.00
66.00	06600 PHYSICAL THERAPY	0.509014	29,461	14,996	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.486281	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.496358	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125981	36,322	4,576	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.506811	1,197	607	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.310183	87,077	27,010	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.167450	6,831	1,144	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264166	273,233	72,179	73.00
74.00	07400 RENAL DIALYSIS	0.671520	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.500573	1,954	978	75.01
76.00	03160 CARDIOPULMONARY	0.282943	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.118441	146,827	17,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.986473	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.528553	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	2.596941	0	0	93.06
93.07	04957 CLINTON COUNTY	1.053120	0	0	93.07
93.18	04968 PSYCH MEDICATION	7.086579	2,195	15,555	93.18
93.43	04993 NEW BEGINNINGS	5.669643	0	0	93.43
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,174,469	268,310	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,174,469		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,173,487	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,918,317	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)		719,477	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		2,269,266	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		104.85	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.03	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.79	31.00
32.00	Sum of lines 30 and 31		28.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.99	33.00
34.00	Disproportionate share adjustment (see instructions)		490,106	34.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000110054	0.000135035	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	657,845	913,744	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	492,032	230,314	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	722,346		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	17,023,733		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		17,023,733	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,539,467	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		4,655	53.00
54.00	Special add-on payments for new technologies		1,036	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).		172,844	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,741,735	59.00
60.00	Primary payer payments		2,854	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,738,881	61.00
62.00	Deductibles billed to program beneficiaries		1,702,484	62.00
63.00	Coinurance billed to program beneficiaries		31,514	63.00
64.00	Allowable bad debts (see instructions)		105,532	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		68,596	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		95,105	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,073,479	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 Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		3,014	70.93
70.94	HRR adjustment amount (see instructions)		-65,798	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,010,695	71.00
71.01	Sequestration adjustment (see instructions)		340,214	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		16,620,529	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		49,952	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		157,509	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		17,818	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,173,862	2.00
3.00	OPPS payments		16,076,948	3.00
4.00	Outlier payment (see instructions)		350,436	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		37,555	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,818	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		67,458	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)		67,458	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		67,458	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,640	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 (see instructions)		17,818	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		16,464,939	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,018,571	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)		13,464,181	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,464,181	30.00
31.00	Primary payer payments		1,314	31.00
32.00	Subtotal (line 30 minus line 31)		13,462,867	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		200,071	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		130,046	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		192,858	36.00
37.00	Subtotal (see instructions)		13,592,913	37.00
38.00	MSP-LCC reconciliation amount from PS&R		16	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,592,897	40.00
40.01	Sequestration adjustment (see instructions)		271,858	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,264,122	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		56,917	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2018 11:52 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		16,620,529		13,264,122	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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)		16,620,529		13,264,122	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		49,952		56,917	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,670,481		13,321,039	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 11:52 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			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G

Date/Time Prepared:  
5/30/2018 11:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	688,071	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	29,583	0	0	0	3.00
4.00	Accounts receivable	52,140,443	0	0	0	4.00
5.00	Other receivable	2,994,674	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-33,308,922	0	0	0	6.00
7.00	Inventory	3,503,236	0	0	0	7.00
8.00	Prepaid expenses	242,474	0	0	0	8.00
9.00	Other current assets	2,140,500	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)	28,430,059	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	4,668,000	0	0	0	12.00
13.00	Land improvements	3,552,347	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	97,697,502	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	112,695	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	22,450,926	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	182,237	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-34,328,694	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	94,335,013	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,127,895	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,127,895	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	130,892,967	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,858,012	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-19,213	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	1,887,402	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,726,201	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	543,803	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	543,803	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,270,004	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	123,622,963				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)	123,622,963	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	130,892,967	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-1

Date/Time Prepared:  
5/30/2018 11:52 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		99,301,248		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,321,712			2.00
3.00	Total (sum of line 1 and line 2)		123,622,960		0	3.00
4.00	ROUNDING	3		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3		0	10.00
11.00	Subtotal (line 3 plus line 10)		123,622,963		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		123,622,963		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2018 11:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	37,097,118		37,097,118	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,097,118		37,097,118	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,468,955		7,468,955	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,468,955		7,468,955	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,566,073		44,566,073	17.00
18.00	Ancillary services	108,771,711	261,759,790	370,531,501	18.00
19.00	Outpatient services	12,392,737	65,039,337	77,432,074	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				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	180,419	180,419	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	165,730,521	326,979,546	492,710,067	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		121,135,447		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)		121,135,447		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-3

Date/Time Prepared:  
5/30/2018 11:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	492,710,067	1.00
2.00	Less contractual allowances and discounts on patients' accounts	359,023,248	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,686,819	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,135,447	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,551,372	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	20,201	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	313,173	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,448,645	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC/NON OPERATING INCOME	9,988,321	24.00
25.00	Total other income (sum of lines 6-24)	11,770,340	25.00
26.00	Total (line 5 plus line 25)	24,321,712	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,321,712	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 11:52 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,216,369	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		249,994	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)		45.21	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.03	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.79	8.00
9.00	Sum of lines 7 and 8		28.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.01	10.00
11.00	Disproportionate share adjustment (see instructions)		73,104	11.00
12.00	Total prospective capital payments (see instructions)		1,539,467	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00