

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: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet 5 Parts I-III Date/Time Prepared: 2/26/2018 3:57 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/26/2018	Time: 3:57 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

CERTIFICATION BY 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 DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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.

Encryption Information

ECR: Date: 2/26/2018 Time: 3:57 pm
 OSnrDunBwgp7qdPn2CCW1qfd8rxHU0
 KZKSj01j1iyN4dqt6fULNLjz6Ymm7
 AZev2wgSHD0NwGRu
 PI: Date: 2/26/2018 Time: 3:57 pm
 Zj3n1C8AC9SI697nHP6iN4u1xxbx40
 2svku05Qxm9ZukZQjvQYw4o1IjGQRO
 hcPe0I4y3o0333M2

(Signed)

Charles N. [Signature]
 Officer or Administrator of Provider(s)

Title

Date

CFO
 2/27/2018

PART III - SETTLEMENT SUMMARY	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00
		Part A 2.00	Part B 3.00		
1.00 Hospital	0	-61,512	490,427	0	0
2.00 Subprovider - IPF	0	7,617	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
200.00 Total	0	-53,895	490,427	0	0

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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/26/2018 3:57 pm
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PART I - COST REPORT STATUS

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

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

Date: 2/26/2018 Time: 3:57 pm

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 DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-61,512	490,427	0	0	1.00
2.00 Subprovider - IPF	0	7,617	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	-53,895	490,427	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: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/26/2018 2:33 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 MARY STREET	PO Box:							1.00		
2.00	City: EVANSVILLE	State: IN		Zip Code: 47747-		County: VANDERBURGH			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	DEACONESS HOSPITAL		150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT		15S082	21780	4	10/01/2009	N	P	P	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)						10/01/2016	09/30/2017		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)						N	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	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 IPF 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.	2,014	378	2,270	375	14,347	236		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/26/2018 2:33 pm		
		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	Y		40.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(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	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00	
		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	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	2	60.03	
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-2
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	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)	FAMILY PRACTICE	1350	2.30	16.16	0.124594		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	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)	FAMILY PRACTICE	1350	2.06	18.79	0.098801		67.00
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 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	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/26/2018 2:33 pm	
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.		N	87.00	
				V 1.00	
				XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
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	
Rural Providers					
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A 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: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/26/2018 2:33 pm	
		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	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,826,230	185,000		0118.01
		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
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0778	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/26/2018 2:33 pm	
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: DEACONESS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 08001		141.00	
142.00	Street: 600 MARY STREET	PO Box:				142.00	
143.00	City: EVANSVILLE	State: IN	Zip Code: 47710		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	144.00
						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	145.00
						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	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						1.00	148.00
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						1.00	149.00
						N	
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	Part A	Part B	Title V	Title XIX	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER	N	N	N	N	158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
						1.00	165.00
						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
166.00							
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
						1.00	167.00
						Y	
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					2.00	168.00
						0	
168.01	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)					3.00	168.01
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)					4.00	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)					5.00	169.00
						9.99	
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	170.00
						10/01/2017	12/29/2017
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
						1.00	171.00
						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/26/2018 2:33 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					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?	Y	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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		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)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/31/2018	Y	01/31/2018		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: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/26/2018 2:33 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		HENDERSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-6856		ERIC.HENDERSON@DEACONESS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-2
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR	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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	384	148,445	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)		384	148,445	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		467	178,740	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	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)		483				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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	44,012	3,622	97,405			1.00
2.00 HMO and other (see instructions)	14,953	14,898				2.00
3.00 HMO IPF Subprovider	159	1,314				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	44,012	3,622	97,405			7.00
8.00 INTENSIVE CARE UNIT	7,701	880	16,868			8.00
9.00 CORONARY CARE UNIT	1,976	220	3,898			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)	53,689	4,722	118,171	20.70	4,044.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,403	108	3,528	0.00	21.62	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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				20.70	4,065.91	27.00
28.00 Observation Bed Days		4,175	17,308			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	12,326	904	26,485	1.00
2.00	HMO and other (see instructions)			2,893	2,978		2.00
3.00	HMO IPF Subprovider				222		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	12,326	904	26,485	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	163	23	521	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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

	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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	257,283,110	-921,877	256,361,233	8,468,967.00	30.27	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,602,576	0	1,602,576	17,892.00	89.57	3.00
4.00	Physician-Part A - Administrative		3,689,697	0	3,689,697	13,573.00	271.84	4.00
4.01	Physicians - Part A - Teaching		0	1,370,975	1,370,975	9,903.00	138.44	4.01
5.00	Physician and Non-Physician-Part B		32,924,961	0	32,924,961	176,555.00	186.49	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		4,387,317	0	4,387,317	76,540.00	57.32	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,571,715	1,571,715	49,054.00	32.04	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		92,508,515	0	92,508,515	2,813,463.00	32.88	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,297,165	2,194,206	16,491,371	598,217.00	27.57	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,711,657	0	1,711,657	15,042.00	113.79	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		7,806,294	0	7,806,294	64,901.00	120.28	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		73,477,085	0	73,477,085	2,286,110.00	32.14	14.01
14.02	Related organization salaries		16,033,464	0	16,033,464	412,363.00	38.88	14.02
15.00	Home office: Physician Part A - Administrative		248,750	0	248,750	940.00	264.63	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		73,331,371	0	73,331,371			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		13,858,552	0	13,858,552			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		232,750	0	232,750			21.00
22.00	Physician Part A - Administrative		265,847	0	265,847			22.00
22.01	Physician Part A - Teaching		151,951	0	151,951			22.01
23.00	Physician Part B		3,884,182	0	3,884,182			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		374,343	0	374,343			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,979,826	102,932	2,082,758	76,714.00	27.15	26.00
27.00	Administrative & General	5.00	43,010,914	-3,615,350	39,395,564	1,315,743.00	29.94	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

	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.)	6,028,014	0	6,028,014	37,592.00	160.35	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,283,432	173,362	3,456,794	130,386.00	26.51	30.00
31.00	Laundry & Linen Service	617,178	13,218	630,396	51,725.00	12.19	31.00
32.00	Housekeeping	4,290,591	150,898	4,441,489	334,127.00	13.29	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,802,302	-2,639,011	1,163,291	83,958.00	13.86	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,384,800	1,384,800	100,406.00	13.79	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,183,373	37,384	2,220,757	95,550.00	23.24	38.00
39.00	Central Services and Supply	2,039,062	50,497	2,089,559	114,316.00	18.28	39.00
40.00	Pharmacy	8,542,813	121,269	8,664,082	247,844.00	34.96	40.00
41.00	Medical Records & Medical Records Library	4,112,690	2,964	4,115,654	194,939.00	21.11	41.00
42.00	Social Service	3,643,291	16,573	3,659,864	131,730.00	27.78	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2018 2:33 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	131,887,755	-3,864,567	128,023,188	5,363,152.00	23.87	1.00
2.00	Excluded area salaries (see instructions)	14,297,165	2,194,206	16,491,371	598,217.00	27.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	117,590,590	-6,058,773	111,531,817	4,764,935.00	23.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	99,277,250	0	99,277,250	2,779,356.00	35.72	4.00
5.00	Subtotal wage-related costs (see inst.)	73,597,218	0	73,597,218	0.00	65.99	5.00
6.00	Total (sum of lines 3 thru 5)	290,465,058	-6,058,773	284,406,285	7,544,291.00	37.70	6.00
7.00	Total overhead cost (see instructions)	83,533,486	-4,200,464	79,333,022	2,915,030.00	27.22	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2018 2:33 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			8,458,021 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)			10,886,866 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			7,500 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			126,497 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			45,440,086 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,196,551 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			250,215 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)			3,663,843 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,662,670 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			17,283,706 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			64,946 19.00
20.00	State or Federal Unemployment Taxes			2,045 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			1,417,864 21.00
22.00	Day Care Cost and Allowances			1,082,862 22.00
23.00	Tuition Reimbursement			555,325 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			92,098,997 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part V
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,711,657	0	1.00
2.00	Hospital	1,711,657	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/26/2018 2:33 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240611	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		44,653,343	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		295,249,493	6.00
7.00	Medicaid cost (line 1 times line 6)		71,040,276	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)		26,386,933	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		26,386,933	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	27,702,562	16,892,460	44,595,022
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,665,541	16,892,460	23,558,001
22.00	Payments received from patients for amounts previously written off as charity care	110,315	245,507	355,822
23.00	Cost of charity care (line 21 minus line 22)	6,555,226	16,646,953	23,202,179
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,336,011	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,663,414	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,559,098	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		3,776,913	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,804,451	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		25,006,630	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		51,393,563	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,158,454	25,158,454	760,365	25,918,819	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	111,615	111,615	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,349,791	5,349,791	20,981,236	26,331,027	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,979,826	50,586,503	52,566,329	2,589,619	55,155,948	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,010,914	87,731,510	130,742,424	-16,265,809	114,476,615	5.00
7.00	00700	OPERATION OF PLANT	3,283,432	8,990,034	12,273,466	78,624	12,352,090	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	617,178	571,727	1,188,905	-146,405	1,042,500	8.00
9.00	00900	HOUSEKEEPING	4,290,591	1,235,632	5,526,223	124,563	5,650,786	9.00
10.00	01000	DIETARY	3,802,302	3,524,245	7,326,547	-5,158,224	2,168,323	10.00
11.00	01100	CAFETERIA	0	0	0	2,580,267	2,580,267	11.00
13.00	01300	NURSING ADMINISTRATION	2,183,373	1,378,440	3,561,813	-345,100	3,216,713	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,039,062	2,302,658	4,341,720	-1,092,613	3,249,107	14.00
15.00	01500	PHARMACY	8,542,813	54,028,057	62,570,870	-53,461,203	9,109,667	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,112,690	-770,774	3,341,916	-83,100	3,258,816	16.00
17.00	01700	SOCIAL SERVICE	3,643,291	1,256,612	4,899,903	40,422	4,940,325	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,571,715	1,571,715	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,436,708	1,436,708	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	241,740	55,093	296,833	0	296,833	23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	0	0	0	216,223	216,223	23.01
23.03	02303	PARAMED ED PRGM-NURSING	0	0	0	497,344	497,344	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,817,422	11,328,362	67,145,784	-758,168	66,387,616	30.00
31.00	03100	INTENSIVE CARE UNIT	10,902,869	2,872,019	13,774,888	14,219	13,789,107	31.00
32.00	03200	CORONARY CARE UNIT	2,604,329	696,077	3,300,406	-46,077	3,254,329	32.00
40.00	04000	SUBPROVIDER - IPF	999,400	101,285	1,100,685	21,946	1,122,631	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,511,745	82,829,487	107,341,232	-22,045,557	85,295,675	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,099,149	13,720,425	23,819,574	-4,049,299	19,770,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	784,647	11,297,013	12,081,660	12,153	12,093,813	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,504,107	6,903,450	8,407,557	-2,396,611	6,010,946	59.00
60.00	06000	LABORATORY	13,650,649	20,941,606	34,592,255	-512,181	34,080,074	60.00
64.00	06400	INTRAVENOUS THERAPY	657,359	1,316,273	1,973,632	4,627	1,978,259	64.00
65.00	06500	RESPIRATORY THERAPY	3,186,420	1,473,474	4,659,894	-285,608	4,374,286	65.00
66.00	06600	PHYSICAL THERAPY	0	15,714,897	15,714,897	-25,454	15,689,443	66.00
69.00	06900	ELECTROCARDIOLOGY	440,653	1,463,390	1,904,043	-3,971	1,900,072	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,973,981	10,973,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,109,071	15,109,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,517,839	53,517,839	73.00
74.00	07400	RENAL DIALYSIS	179,202	1,188,875	1,368,077	-4,933	1,363,144	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,678,777	657,858	2,336,635	-4,164	2,332,471	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,907,556	897,772	4,805,328	-2,958,052	1,847,276	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	602,673	310,631	913,304	320,226	1,233,530	90.02
90.03	09003	CHEMO	885,958	445,560	1,331,518	-4,898	1,326,620	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,865,582	608,184	2,473,766	9,390	2,483,156	90.04
90.05	09005	PAIN MANAGEMENT	2,258,241	1,488,618	3,746,859	-554,073	3,192,786	90.05
90.06	09006	WOUND CARE	708,740	410,906	1,119,646	10,408	1,130,054	90.06
90.07	09007	SLEEP CENTER	2,716,486	848,323	3,564,809	-44,385	3,520,424	90.07
90.08	09008	HEMATOLOGY	436,908	219,699	656,607	1,769	658,376	90.08
91.00	09100	EMERGENCY	22,449,091	11,179,291	33,628,382	-744,738	32,883,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION UNIT	786,677	149,251	935,928	-654	935,274	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,845,233	5,846,212	8,691,445	-536,790	8,154,655	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,227,085	436,306,920	680,534,005	-543,737	679,990,268	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,598,575	2,598,575	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,713,606	2,426,264	11,139,870	-465,107	10,674,763	192.00
192.01	19201	DEACONESS URGENT CARE	0	227	227	0	227	192.01
192.02	19202	HEARTCARE	0	3,193	3,193	0	3,193	192.02
192.03	19203	FAMILY PHARMACY	894,495	13,468,029	14,362,524	-900,703	13,461,821	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	889,447	1,478,199	2,367,646	-18,278	2,349,368	194.00
194.01	07951	OCCUPATIONAL HEALTH	535,089	243,706	778,795	12,548	791,343	194.01
194.02	07952	OTHER FACILITIES	292,689	3,480,822	3,773,511	-721,832	3,051,679	194.02
194.03	07953	THE HEART HOSPITAL	0	88,676	88,676	-1,074	87,602	194.03
194.04	07954	PR	559,123	1,069,552	1,628,675	3,664	1,632,339	194.04
194.05	07955	CHILD CARE CENTER	1,170,956	325,898	1,496,854	38,632	1,535,486	194.05
194.06	07956	CENTER OF LIFE BALANCE	620	37,646	38,266	-2,688	35,578	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	208,967	208,967	0	208,967	194.07
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017	Worksheet A Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.09	07959 HOME OFFICE	0	0	0	0	0
200.00	TOTAL (SUM OF LINES 118 through 199)	257,283,110	459,138,099	716,421,209	0	716,421,209
						194.09
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,262,455	27,181,274	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	111,615	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	26,331,027	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-8,807,145	46,348,803	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-54,464,213	60,012,402	5.00
7.00	00700	OPERATION OF PLANT	-1,312,944	11,039,146	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-159,309	883,191	8.00
9.00	00900	HOUSEKEEPING	-739,148	4,911,638	9.00
10.00	01000	DIETARY	-195,477	1,972,846	10.00
11.00	01100	CAFETERIA	-10,371	2,569,896	11.00
13.00	01300	NURSING ADMINISTRATION	-54,311	3,162,402	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-122,769	3,126,338	14.00
15.00	01500	PHARMACY	-1,792,583	7,317,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,391,369	1,867,447	16.00
17.00	01700	SOCIAL SERVICE	-305,605	4,634,720	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,571,715	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,436,708	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	296,833	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	0	216,223	23.01
23.03	02303	PARAMED PRGM-NURSING	0	497,344	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-17,593,629	48,793,987	30.00
31.00	03100	INTENSIVE CARE UNIT	-134,466	13,654,641	31.00
32.00	03200	CORONARY CARE UNIT	0	3,254,329	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,122,631	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-34,298,248	50,997,427	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-396,589	19,373,686	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-7,899,484	4,194,329	55.00
59.00	05900	CARDIAC CATHETERIZATION	-135,927	5,875,019	59.00
60.00	06000	LABORATORY	-641,374	33,438,700	60.00
64.00	06400	INTRAVENOUS THERAPY	324,563	2,302,822	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,374,286	65.00
66.00	06600	PHYSICAL THERAPY	-6,049,533	9,639,910	66.00
69.00	06900	ELECTROCARDIOLOGY	545,602	2,445,674	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-67,143	10,906,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	333,990	15,443,061	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,619	53,527,458	73.00
74.00	07400	RENAL DIALYSIS	-1,700	1,361,444	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-35,067	2,297,404	90.00
90.01	09001	FAMILY PRACTICE CLINIC	-96,465	1,750,811	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	1,233,530	90.02
90.03	09003	CHEMO	-2,392	1,324,228	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	-1,265,325	1,217,831	90.04
90.05	09005	PAIN MANAGEMENT	-345,672	2,847,114	90.05
90.06	09006	WOUND CARE	-114,834	1,015,220	90.06
90.07	09007	SLEEP CENTER	-1,056,001	2,464,423	90.07
90.08	09008	HEMATOLOGY	-19,945	638,431	90.08
91.00	09100	EMERGENCY	-13,635,846	19,247,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION UNIT	0	935,274	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-459	8,154,196	96.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-150,669,114	529,321,154	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,598,575	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,674,763	192.00
192.01	19201	DEACONESS URGENT CARE	0	227	192.01
192.02	19202	HEARTCARE	0	3,193	192.02
192.03	19203	FAMILY PHARMACY	0	13,461,821	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,349,368	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	791,343	194.01
194.02	07952	OTHER FACILITIES	0	3,051,679	194.02
194.03	07953	THE HEART HOSPITAL	0	87,602	194.03
194.04	07954	PR	0	1,632,339	194.04
194.05	07955	CHILD CARE CENTER	0	1,535,486	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	35,578	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	208,967	194.07
194.08	07958	HEALTHSOUTH	0	0	194.08
194.09	07959	HOME OFFICE	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-150,669,114	565,752,095	200.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,045,764	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	1,045,764	
B - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,282,348	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
TOTALS			0	20,282,348	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	240,901	1.00
2.00		0.00	0	0	2.00
TOTALS			0	240,901	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,384,800	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,394,626	0	2.00
3.00	CAFETERIA	11.00	0	1,195,467	3.00
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,203,949	4.00
TOTALS			2,779,426	2,399,416	
E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	104,865	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,328,121	0	2.00
3.00	OPERATION OF PLANT	7.00	183,618	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	14,788	0	4.00
5.00	HOUSEKEEPING	9.00	173,551	0	5.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	DIETARY	10.00	147,928	0	6.00
7.00	NURSING ADMINISTRATION	13.00	61,162	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	56,375	0	8.00
9.00	PHARMACY	15.00	193,002	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	18,767	0	10.00
11.00	SOCIAL SERVICE	17.00	43,078	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	559,366	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	203,376	0	13.00
14.00	CORONARY CARE UNIT	32.00	29,550	0	14.00
15.00	SUBPROVIDER - IPF	40.00	22,245	0	15.00
16.00	OPERATING ROOM	50.00	284,662	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	194,017	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	29,251	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	32,637	0	19.00
20.00	LABORATORY	60.00	295,254	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	11,488	0	21.00
22.00	RESPIRATORY THERAPY	65.00	32,495	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	7,331	0	23.00
24.00	CLINIC	90.00	27,827	0	24.00
25.00	FAMILY PRACTICE CLINIC	90.01	43,532	0	25.00
26.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	12,569	0	26.00
27.00	CHEMO	90.03	9,801	0	27.00
28.00	PRIMARY CARE FOR SENIORS	90.04	25,040	0	28.00
29.00	PAIN MANAGEMENT	90.05	18,714	0	29.00
30.00	WOUND CARE	90.06	20,934	0	30.00
31.00	SLEEP CENTER	90.07	36,135	0	31.00
32.00	HEMATOLOGY	90.08	4,896	0	32.00
33.00	EMERGENCY	91.00	140,371	0	33.00
34.00	OBSERVATION UNIT	92.01	2,060	0	34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	51,239	0	35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	31,543	0	36.00
37.00	FAMILY PHARMACY	192.03	11,740	0	37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	35,104	0	38.00
39.00	OCCUPATIONAL HEALTH	194.01	12,745	0	39.00
40.00	PR	194.04	24,940	0	40.00
41.00	CHILD CARE CENTER	194.05	45,067	0	41.00
	TOTALS		5,581,184	0	
F - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	459,571	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	402,968	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	862,539	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	53,517,839	1.00
	TOTALS		0	53,517,839	
H - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	848,242	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	58,387	2.00
	TOTALS		0	906,629	
I - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,571,715	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,370,975	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	65,733	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		2,942,690	65,733	
J - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM-CHAPLAIN	23.01	210,607	0	1.00
2.00	PARAMED ED PRGM-CHAPLAIN	23.01	0	5,616	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		210,607	5,616	

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	741,913	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	8,899	2.00
3.00		0.00	0	0	3.00
TOTALS			0	750,812	
L - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	774	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	15,732	2.00
TOTALS			774	15,732	
M - NURSING EDUCATION					
1.00	PARAMED ED PRGM-NURSING	23.03	497,344	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
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
TOTALS			497,344	0	
N - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,125,739	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,050,684	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
TOTALS			0	25,176,423	
P - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,521,848	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	2.00
3.00		0.00	0	0	3.00
TOTALS			18,600	2,521,848	
Q - PROPERTY TAXES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	55,019	1.00
2.00		0.00	0	0	2.00
TOTALS			0	55,019	
R - DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,083	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	155,924	2.00
3.00	OPERATION OF PLANT	7.00	0	11,530	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,570	4.00
5.00	HOUSEKEEPING	9.00	0	24,653	5.00
6.00	DIETARY	10.00	0	10,768	6.00
7.00	NURSING ADMINISTRATION	13.00	0	12,081	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,128	8.00
9.00	PHARMACY	15.00	0	72,508	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,328	10.00
11.00	SOCIAL SERVICE	17.00	0	26,783	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	256,067	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	83,242	13.00
14.00	CORONARY CARE UNIT	32.00	0	25,364	14.00
15.00	SUBPROVIDER - IPF	40.00	0	3,235	15.00
16.00	OPERATING ROOM	50.00	0	185,385	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,121	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	15,102	18.00
19.00	LABORATORY	60.00	0	87,479	19.00
20.00	INTRAVENOUS THERAPY	64.00	0	1,026	20.00
21.00	RESPIRATORY THERAPY	65.00	0	30,603	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	4,618	22.00
23.00	CLINIC	90.00	0	1,561	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	0	11,899	24.00
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	1,582	25.00
26.00	CHEMO	90.03	0	817	26.00
27.00	PRIMARY CARE FOR SENIORS	90.04	0	2,867	27.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6

Date/Time Prepared:
2/26/2018 2:33 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00	PAIN MANAGEMENT	90.05	0	6,391	28.00
29.00	WOUND CARE	90.06	0	9,918	29.00
30.00	SLEEP CENTER	90.07	0	376	30.00
31.00	HEMATOLOGY	90.08	0	23,304	31.00
32.00	EMERGENCY	91.00	0	2,089	32.00
33.00	OBSERVATION UNIT	92.01	0	64,336	33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	5,406	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,447	35.00
36.00	FAMILY PHARMACY	192.03	0	20,212	36.00
37.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,659	37.00
38.00	OCCUPATIONAL HEALTH	194.01	0	7,920	38.00
39.00	CHILD CARE CENTER	194.05	0	797	39.00
	TOTALS		0	1,275,179	
S - SALARY TO NON-SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	150	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	4,957	0	2.00
3.00	OPERATION OF PLANT	7.00	1,274	0	3.00
4.00	HOUSEKEEPING	9.00	2,000	0	4.00
5.00	DIETARY	10.00	2,100	0	5.00
6.00	NURSING ADMINISTRATION	13.00	1,282	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	250	0	7.00
8.00	PHARMACY	15.00	775	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	2,525	0	9.00
10.00	SOCIAL SERVICE	17.00	850	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	59,172	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	2,154	0	12.00
13.00	CORONARY CARE UNIT	32.00	450	0	13.00
14.00	SUBPROVIDER - IPF	40.00	300	0	14.00
15.00	OPERATING ROOM	50.00	4,819	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	1,750	0	16.00
17.00	LABORATORY	60.00	3,300	0	17.00
18.00	RESPIRATORY THERAPY	65.00	50	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	250	0	19.00
20.00	CLINIC	90.00	475	0	20.00
21.00	FAMILY PRACTICE CLINIC	90.01	35,682	0	21.00
22.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	50	0	22.00
23.00	CHEMO	90.03	50	0	23.00
24.00	PRIMARY CARE FOR SENIORS	90.04	5,050	0	24.00
25.00	PAIN MANAGEMENT	90.05	1,300	0	25.00
26.00	WOUND CARE	90.06	400	0	26.00
27.00	SLEEP CENTER	90.07	889	0	27.00
28.00	HEMATOLOGY	90.08	1,740	0	28.00
29.00	EMERGENCY	91.00	1,210	0	29.00
30.00	OBSERVATION UNIT	92.01	105	0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	84,559	0	31.00
32.00	FAMILY PHARMACY	192.03	150	0	32.00
33.00	OCCUPATIONAL HEALTH	194.01	25	0	33.00
	TOTALS		220,093	0	
T - PART A PHYSICIAN					
1.00	INTENSIVE CARE UNIT	31.00	130,745	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	13,187	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		130,745	13,187	
U - HEART SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	346	0	1.00
2.00	DIETARY	10.00	1,155	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	12,253	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	6,560	0	4.00
5.00	OPERATING ROOM	50.00	47,354	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	2,019	0	6.00
7.00	INTRAVENOUS THERAPY	64.00	405	0	7.00
8.00	EMERGENCY	91.00	1,813	0	8.00
	TOTALS		71,905	0	
V - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	102,716	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	102,716	
W - CARE TEAM					
1.00	ADULTS & PEDIATRICS	30.00	251,714	0	1.00
2.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	334,178	0	2.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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	EMERGENCY	91.00	0	45,936	6.00
	TOTALS		585,892	45,936	
500.00	Grand Total: Increases		13,039,260	109,283,637	500.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/26/2018 2:33 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,801	9	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	292,818	9	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	498	9	3.00
4.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	1,650	9	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,165	9	5.00
6.00	OTHER FACILITIES	194.02	0	721,832	9	6.00
	TOTALS		0	1,045,764		
B - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,143,266	9	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37,094	9	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	10,208,429	9	3.00
4.00	OPERATION OF PLANT	7.00	0	104,994	9	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	161,193	9	5.00
6.00	HOUSEKEEPING	9.00	0	48,988	9	6.00
7.00	DIETARY	10.00	0	127,310	9	7.00
8.00	NURSING ADMINISTRATION	13.00	0	393,283	9	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	242,359	9	9.00
10.00	PHARMACY	15.00	0	136,366	9	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	101,867	9	11.00
12.00	SOCIAL SERVICE	17.00	0	2,084	9	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,243,399	9	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	236,170	9	14.00
15.00	CORONARY CARE UNIT	32.00	0	60,139	9	15.00
16.00	SUBPROVIDER - IPF	40.00	0	299	9	16.00
17.00	OPERATING ROOM	50.00	0	2,517,642	9	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,315,471	9	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,600	9	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	185,398	9	20.00
21.00	LABORATORY	60.00	0	807,435	9	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	6,289	9	22.00
23.00	RESPIRATORY THERAPY	65.00	0	32,545	9	23.00
24.00	PHYSICAL THERAPY	66.00	0	25,454	9	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	11,302	9	25.00
26.00	RENAL DIALYSIS	74.00	0	4,933	9	26.00
27.00	CLINIC	90.00	0	30,391	9	27.00
28.00	FAMILY PRACTICE CLINIC	90.01	0	35,865	9	28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	320	9	29.00
30.00	CHEMO	90.03	0	14,699	9	30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	0	15,650	9	31.00
32.00	PAIN MANAGEMENT	90.05	0	86,948	9	32.00
33.00	WOUND CARE	90.06	0	9,040	9	33.00
34.00	SLEEP CENTER	90.07	0	80,520	9	34.00
35.00	HEMATOLOGY	90.08	0	3,127	9	35.00
36.00	EMERGENCY	91.00	0	328,027	9	36.00
37.00	OBSERVATION UNIT	92.01	0	2,714	9	37.00
38.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	225,958	9	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	160,134	9	39.00
40.00	FAMILY PHARMACY	192.03	0	53,265	9	40.00
41.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	50,217	9	41.00
42.00	OCCUPATIONAL HEALTH	194.01	0	197	9	42.00
43.00	THE HEART HOSPITAL	194.03	0	1,074	9	43.00
44.00	PR	194.04	0	4,770	9	44.00
45.00	CHILD CARE CENTER	194.05	0	6,435	9	45.00
46.00	CENTER OF LIFE BALANCE	194.06	0	2,688	9	46.00
	TOTALS		0	20,282,348		
C - INTEREST EXPENSE						
1.00		0.00	0	0	11	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	240,901	11	2.00
	TOTALS		0	240,901		
D - CAFETERIA						
1.00	DIETARY	10.00	2,779,426	0	0	1.00
2.00	DIETARY	10.00	0	2,399,416	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		2,779,426	2,399,416		
E - INCENTIVE COMPENSATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,581,184	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
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
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
14.00	0.00	0	0	0	0		14.00
15.00	0.00	0	0	0	0		15.00
16.00	0.00	0	0	0	0		16.00
17.00	0.00	0	0	0	0		17.00
18.00	0.00	0	0	0	0		18.00
19.00	0.00	0	0	0	0		19.00
20.00	0.00	0	0	0	0		20.00
21.00	0.00	0	0	0	0		21.00
22.00	0.00	0	0	0	0		22.00
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
TOTALS			5,581,184	0			
F - LEASES							
1.00	0.00	0	0		10		1.00
2.00	0.00	0	0		10		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	89,865	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	574,746	0		4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	149,880	0		6.00
TOTALS			0	862,539			
G - DRUGS							
1.00	PHARMACY	15.00	0	53,517,839	0		1.00
TOTALS			0	53,517,839			
H - CENTRAL SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	906,629	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	906,629			
I - RESIDENTS							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	FAMILY PRACTICE CLINIC	90.01	2,899,986	0	0		4.00
5.00	FAMILY PRACTICE CLINIC	90.01	0	65,733	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	42,704	0		6.00
TOTALS			2,899,986	108,437			
J - PASTORAL EDUCATION							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	210,607	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	5,616	0		4.00
TOTALS			210,607	5,616			
K - INSURANCE							
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	750,812	0		3.00
TOTALS			0	750,812			

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/26/2018 2:33 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
L - PUBLIC RELATIONS						
1.00	PR	194.04	774	0	0	1.00
2.00	PR	194.04	0	15,732	0	2.00
	TOTALS		774	15,732		
M - NURSING EDUCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	20,433	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	12,979	0	0	2.00
3.00	SOCIAL SERVICE	17.00	572	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	306,114	0	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	96,919	0	0	5.00
6.00	CORONARY CARE UNIT	32.00	15,488	0	0	6.00
7.00	OPERATING ROOM	50.00	21,781	0	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	1,702	0	0	8.00
9.00	INTRAVENOUS THERAPY	64.00	572	0	0	9.00
10.00	CLINIC	90.00	1,600	0	0	10.00
11.00	PAIN MANAGEMENT	90.05	572	0	0	11.00
12.00	WOUND CARE	90.06	1,486	0	0	12.00
13.00	EMERGENCY	91.00	17,126	0	0	13.00
	TOTALS		497,344	0		
N - MEDICAL SUPPLIES CHARGED						
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	OPERATING ROOM	50.00	0	19,790,796	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,060,281	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,242,148	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	285,558	0	6.00
7.00	PAIN MANAGEMENT	90.05	0	485,267	0	7.00
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	312,373	0	8.00
	TOTALS		0	25,176,423		
P - BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,662,670	0	1.00
2.00	FAMILY PHARMACY	192.03	0	859,178	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	18,600	0	3.00
	TOTALS		0	2,540,448		
Q - PROPERTY TAXES						
1.00		0.00	0	0	13	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	55,019	0	2.00
	TOTALS		0	55,019		
R - DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,083	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	155,924	0	0	2.00
3.00	OPERATION OF PLANT	7.00	11,530	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,570	0	0	4.00
5.00	HOUSEKEEPING	9.00	24,653	0	0	5.00
6.00	DIETARY	10.00	10,768	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	12,081	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	6,128	0	0	8.00
9.00	PHARMACY	15.00	72,508	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	18,328	0	0	10.00
11.00	SOCIAL SERVICE	17.00	26,783	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	256,067	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	83,242	0	0	13.00
14.00	CORONARY CARE UNIT	32.00	25,364	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	3,235	0	0	15.00
16.00	OPERATING ROOM	50.00	185,385	0	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	68,121	0	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	15,102	0	0	18.00
19.00	LABORATORY	60.00	87,479	0	0	19.00
20.00	INTRAVENOUS THERAPY	64.00	1,026	0	0	20.00
21.00	RESPIRATORY THERAPY	65.00	30,603	0	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	4,618	0	0	22.00
23.00	CLINIC	90.00	1,561	0	0	23.00
24.00	FAMILY PRACTICE CLINIC	90.01	11,899	0	0	24.00
25.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	1,582	0	0	25.00
26.00	CHEMO	90.03	817	0	0	26.00
27.00	PRIMARY CARE FOR SENIORS	90.04	2,867	0	0	27.00
28.00	PAIN MANAGEMENT	90.05	6,391	0	0	28.00
29.00	WOUND CARE	90.06	9,918	0	0	29.00
30.00	SLEEP CENTER	90.07	376	0	0	30.00
31.00	HEMATOLOGY	90.08	23,304	0	0	31.00
32.00	EMERGENCY	91.00	2,089	0	0	32.00
33.00	OBSERVATION UNIT	92.01	64,336	0	0	33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	5,406	0	0	34.00

RECLASSIFICATIONS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/26/2018 2:33 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,447	0	0	35.00	
36.00	FAMILY PHARMACY	192.03	20,212	0	0	36.00	
37.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,659	0	0	37.00	
38.00	OCCUPATIONAL HEALTH	194.01	7,920	0	0	38.00	
39.00	CHILD CARE CENTER	194.05	797	0	0	39.00	
	TOTALS		1,275,179	0			
S - SALARY TO NON-SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	150	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,957	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,274	0	3.00	
4.00	HOUSEKEEPING	9.00	0	2,000	0	4.00	
5.00	DIETARY	10.00	0	2,100	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,282	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	250	0	7.00	
8.00	PHARMACY	15.00	0	775	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,525	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	850	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	59,172	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	2,154	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	450	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	300	0	14.00	
15.00	OPERATING ROOM	50.00	0	4,819	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,750	0	16.00	
17.00	LABORATORY	60.00	0	3,300	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	50	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	250	0	19.00	
20.00	CLINIC	90.00	0	475	0	20.00	
21.00	FAMILY PRACTICE CLINIC	90.01	0	35,682	0	21.00	
22.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	50	0	22.00	
23.00	CHEMO	90.03	0	50	0	23.00	
24.00	PRIMARY CARE FOR SENIORS	90.04	0	5,050	0	24.00	
25.00	PAIN MANAGEMENT	90.05	0	1,300	0	25.00	
26.00	WOUND CARE	90.06	0	400	0	26.00	
27.00	SLEEP CENTER	90.07	0	889	0	27.00	
28.00	HEMATOLOGY	90.08	0	1,740	0	28.00	
29.00	EMERGENCY	91.00	0	1,210	0	29.00	
30.00	OBSERVATION UNIT	92.01	0	105	0	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	84,559	0	31.00	
32.00	FAMILY PHARMACY	192.03	0	150	0	32.00	
33.00	OCCUPATIONAL HEALTH	194.01	0	25	0	33.00	
	TOTALS		0	220,093			
T - PART A PHYSICIAN							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	130,745	0	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,187	0	4.00	
	TOTALS		130,745	13,187			
U - HEART SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	346	0	1.00	
2.00	DIETARY	10.00	0	1,155	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	12,253	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	6,560	0	4.00	
5.00	OPERATING ROOM	50.00	0	47,354	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	2,019	0	6.00	
7.00	INTRAVENOUS THERAPY	64.00	0	405	0	7.00	
8.00	EMERGENCY	91.00	0	1,813	0	8.00	
	TOTALS		0	71,905			
V - HSB DEPRECIATION							
1.00		0.00	0	0	9	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,716	9	2.00	
	TOTALS		0	102,716			
W - CARE TEAM							
1.00		0.00	0	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	EMERGENCY	91.00	585,892	0	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	19,735	0	4.00	
5.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	26,201	0	5.00	
6.00		0.00	0	0	0	6.00	
	TOTALS		585,892	45,936			
500.00	Grand Total: Decreases		13,961,137	108,361,760		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,501,416	3,472,541	0	3,472,541	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	513,577,325	44,669,109	0	44,669,109	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	222,163,513	19,235,723	0	19,235,723	547,118	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	757,242,254	67,377,373	0	67,377,373	547,118	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	757,242,254	67,377,373	0	67,377,373	547,118	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,973,957	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	558,246,434	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	240,852,118	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	824,072,509	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	824,072,509	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	18,350,240	0	6,808,214	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,349,791	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,350,240	5,349,791	6,808,214	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	25,158,454				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,349,791				2.00
3.00	Total (sum of lines 1-2)	0	30,508,245				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	583,220,391	0	583,220,391	0.707729	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	240,852,118	0	240,852,118	0.292271	0	2.00
3.00	Total (sum of lines 1-2)	824,072,509	0	824,072,509	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,461,285	459,571	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	102,716	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,282,348	5,752,759	2.00
3.00	Total (sum of lines 1-2)	0	0	0	40,846,349	6,212,330	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. 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	5,518,505	741,913	0	0	27,181,274	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	8,899	0	0	111,615	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	240,901	0	55,019	0	26,331,027	2.00
3.00	Total (sum of lines 1-2)	5,759,406	750,812	55,019	0	53,623,916	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,048,808	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01		1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	ADMINISTRATIVE & GENERAL		5.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)		0	ADMINISTRATIVE & GENERAL		5.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-50,459,888					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-78,034,841					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-10,371	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts		0			0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines		0	DIETARY		10.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	ADMINISTRATIVE & GENERAL		5.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.01		26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISCELLANEOUS		0			0.00	0 33.00
33.01 MISCELLANEOUS		0	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 RENTAL INCOME	B	-58,086	RADIOLOGY-THERAPEUTIC		55.00	0 33.02
33.03 CALL CENTER		0	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 SENIORS NON-OP REVENUE	B	-870	PRIMARY CARE FOR SENIORS		90.04	0 33.04
33.05 PROFESSIONAL BILLING FEES		0	ADMINISTRATIVE & GENERAL		5.00	0 33.05
33.06 WEIGHT LOSS PROGRAM	B	-17,028	OPERATING ROOM		50.00	0 33.06
33.07 FINANCE CHARGES		0	ADMINISTRATIVE & GENERAL		5.00	0 33.07
33.08 HAF	A	-22,571,705	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-137,319	ADMINISTRATIVE & GENERAL		5.00	13 33.09
33.10 FAMILY PRACTICE GRANT	A	105,447	FAMILY PRACTICE CLINIC		90.01	0 33.10
33.11 NURSING ADMIN GRANT	A	100,000	NURSING ADMINISTRATION		13.00	0 33.11
33.12 AMENITY SUITE CHARGES	B	-1,050	ADULTS & PEDIATRICS		30.00	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.13
33.14 DEFEASANCE	A	2,282,225	CAP REL COSTS-BLDG & FIXT		1.00	9 33.14
33.15 EPIC AFFILIATE REVENUE	B	-2,700	LABORATORY		60.00	0 33.15
33.16 EPIC AFFILIATE REVENUE		0	ADMINISTRATIVE & GENERAL		5.00	0 33.16
33.17 RENTAL INCOME		0	ADMINISTRATIVE & GENERAL		5.00	10 33.17
33.18 AMORTIZATION PHASE II	A	20,350	CAP REL COSTS-BLDG & FIXT		1.00	9 33.18
33.19 AMORTIZATION PHASE I	A	6,463	CAP REL COSTS-BLDG & FIXT		1.00	9 33.19
33.20 1982 AMORTIZATION A & G COSTS	A	2,225	CAP REL COSTS-BLDG & FIXT		1.00	9 33.20
33.21 PHYSICIAN RECRUITMENT	A	-824,534	ADMINISTRATIVE & GENERAL		5.00	0 33.21
42.00 AHA/IHA DUES		0	ADMINISTRATIVE & GENERAL		5.00	0 42.00
43.00 ADVERTISEMENT	A	-11,497	ADMINISTRATIVE & GENERAL		5.00	0 43.00
43.01 ADVERTISEMENT	A	-6,668	RADIOLOGY-THERAPEUTIC		55.00	0 43.01
43.02 ADVERTISEMENT	A	-459	DURABLE MEDICAL EQUIP-RENTED		96.00	0 43.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-150,669,114				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: 15-0082

Period: From 10/01/2016 To 09/30/2017

Worksheet A-8-1

Date/Time Prepared: 2/26/2018 2:33 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	103,490	50,079	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	14,624	4,674	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	304,312	497,694	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	FACILITY RENT	6,163	0	4.00
4.01	60.00	LABORATORY	FACILITY RENT	48,653	61,967	4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	106,568	98,837	4.02
4.03	90.00	CLINIC	FACILITY RENT	18,220	43,350	4.03
4.05	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	49,143	71,310	4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	181,426	340,599	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	1,973	0	4.07
4.08	50.00	OPERATING ROOM	CONTRACT SERVICES	12,820,900	28,602,071	4.08
4.09	66.00	PHYSICAL THERAPY	CONTRACT THERAPY	8,937,030	14,994,294	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	26,270	26,270	4.10
4.11	15.00	PHARMACY	FACILITY RENT	2,189	2,189	4.11
4.12	50.00	OPERATING ROOM	FACILITY RENT	227,095	227,095	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	446,278	446,278	4.13
4.14	60.00	LABORATORY	FACILITY RENT	102,073	102,073	4.14
4.15	90.00	CLINIC	FACILITY RENT	27,256	27,256	4.15
4.16	90.03	CHEMO	FACILITY RENT	47,200	47,200	4.16
4.17	90.08	HEMATOLOGY	FACILITY RENT	84,758	84,758	4.17
4.18	55.00	RADIOLOGY-THERAPEUTIC	CONTRACT SERVICES	1,874,045	9,714,938	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	911,438	4.19
4.20	50.00	OPERATING ROOM	CONTRACT SERVICES	473	0	4.20
4.21	54.00	RADIOLOGY-DIAGNOSTIC	CONTRACT SERVICES	1,296,073	1,262,761	4.21
4.22	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	708,046	356,907	4.22
4.23	60.00	LABORATORY	CONTRACT SERVICES	1,314	0	4.23
4.24	64.00	INTRAVENOUS THERAPY	CONTRACT SERVICES	1,028,105	703,542	4.24
4.25	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	1,717,269	938,035	4.25
4.26	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	139,158	206,301	4.26
4.27	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	333,990	0	4.27
4.28	73.00	DRUGS CHARGED TO PATIENTS	CONTRACT SERVICES	9,619	0	4.28
4.29	50.00	OPERATING ROOM	CONTRACT SERVICES	3,464,728	5,204,714	4.29
4.30	50.00	OPERATING ROOM	CONTRACT SERVICES	2,784,657	3,452,328	4.30
4.31	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	1,886,303	2,338,578	4.31
4.32	50.00	OPERATING ROOM	CONTRACT SERVICES	9,721,908	10,730,797	4.32
4.33	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	25,966,299	34,775,417	4.33
4.34	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	85,794,199	115,818,862	4.34
4.35	7.00	OPERATION OF PLANT	HOME OFFICE	6,492,433	7,805,377	4.35
4.36	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	2,081,538	2,240,847	4.36
4.37	9.00	HOUSEKEEPING	HOME OFFICE	4,826,012	5,565,160	4.37
4.38	10.00	DIETARY	HOME OFFICE	3,527,700	3,723,177	4.38
4.39	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,679,707	2,834,018	4.39
4.40	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,959,882	2,082,651	4.40
4.41	15.00	PHARMACY	HOME OFFICE	9,309,608	11,102,191	4.41
4.42	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	3,797,306	5,198,625	4.42
4.43	17.00	SOCIAL SERVICE	HOME OFFICE	4,138,982	4,435,158	4.43
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			199,094,975	277,129,816	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

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

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/26/2018 2:33 pm

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

reimbursement under title XVIII.

6.00	B		100.00	DEACONESS HEALT	0.00	6.00
7.00	B		100.00	DEACONESS HEALT	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALT	0.00	9.00
10.00	B		100.00	DEACONESS HEALT	0.00	10.00
10.01	B		100.00	DEACONESS HEALT	0.00	10.01
10.02	B		100.00	DEACONESS HEALT	0.00	10.02
10.03	B		100.00	DEACONESS HEALT	0.00	10.03
10.04	B		100.00	DEACONESS HEALT	0.00	10.04
10.05	C		0.00	EVI LLE SURGI CAL	50.00	10.05
10.06	C		0.00	PHOI	51.00	10.06
10.07	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.07
10.08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.08
10.09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.14
10.15	C		0.00	TRI -STATE RADI A	51.00	10.15
10.16	C		0.00	HEART HOSPI TAL	51.00	10.16
10.17	C		0.00	HEART HOSPI TAL	51.00	10.17
10.18	C		0.00	HEART HOSPI TAL	51.00	10.18
10.19	C		0.00	HEART HOSPI TAL	51.00	10.19
10.20	C		0.00	HEART HOSPI TAL	51.00	10.20
10.21	C		0.00	HEART HOSPI TAL	51.00	10.21
10.22	C		0.00	HEART HOSPI TAL	51.00	10.22
10.23	C		0.00	HEART HOSPI TAL	51.00	10.23
10.24	C		0.00	HEART HOSPI TAL	51.00	10.24
10.25	C		0.00	HEART HOSPI TAL	51.00	10.25
10.26	C		0.00	MAI NSPRI NG	51.00	10.26
10.27	C		0.00	VASCMED	51.00	10.27
10.28	C		0.00	VASCMED	51.00	10.28
10.29	C		0.00	ORTHOALI GN	51.00	10.29
10.30	B		100.00	DEACONESS HEALT	0.00	10.30
10.31	B		100.00	DEACONESS HEALT	0.00	10.31
10.32	B		100.00	DEACONESS HEALT	0.00	10.32
10.33	B		100.00	DEACONESS HEALT	0.00	10.33
10.34	B		100.00	DEACONESS HEALT	0.00	10.34
10.35	B		100.00	DEACONESS HEALT	0.00	10.35
10.36	B		100.00	DEACONESS HEALT	0.00	10.36
10.37	B		100.00	DEACONESS HEALT	0.00	10.37
10.38	B		100.00	DEACONESS HEALT	0.00	10.38
10.39	B		100.00	DEACONESS HEALT	0.00	10.39
10.40	B		100.00	DEACONESS HEALT	0.00	10.40
10.41	B		100.00	DEACONESS HEALT	0.00	10.41
100.00	G. Other (fi nancial or non-fi nancial) speci fy:					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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/26/2018 2:33 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	53,411	0		1.00
2.00	9,950	0		2.00
3.00	-193,382	0		3.00
4.00	6,163	0		4.00
4.01	-13,314	0		4.01
4.02	7,731	0		4.02
4.03	-25,130	0		4.03
4.05	-22,167	0		4.05
4.06	-159,173	0		4.06
4.07	1,973	0		4.07
4.08	-15,781,171	0		4.08
4.09	-6,057,264	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	-7,840,893	0		4.18
4.19	-911,438	0		4.19
4.20	473	0		4.20
4.21	33,312	0		4.21
4.22	351,139	0		4.22
4.23	1,314	0		4.23
4.24	324,563	0		4.24
4.25	779,234	0		4.25
4.26	-67,143	0		4.26
4.27	333,990	0		4.27
4.28	9,619	0		4.28
4.29	-1,739,986	0		4.29
4.30	-667,671	0		4.30
4.31	-452,275	0		4.31
4.32	-1,008,889	0		4.32
4.33	-8,809,118	0		4.33
4.34	-30,024,663	0		4.34
4.35	-1,312,944	0		4.35
4.36	-159,309	0		4.36
4.37	-739,148	0		4.37
4.38	-195,477	0		4.38
4.39	-154,311	0		4.39
4.40	-122,769	0		4.40
4.41	-1,792,583	0		4.41
4.42	-1,401,319	0		4.42
4.43	-296,176	0		4.43
5.00	-78,034,841			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	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00

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

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/26/2018 2:33 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
8.00	HEALTH SYSTEM	8.00
9.00	HEALTH SYSTEM	9.00
10.00	HEALTH SYSTEM	10.00
10.01	HEALTH SYSTEM	10.01
10.02	HEALTH SYSTEM	10.02
10.03	HEALTH SYSTEM	10.03
10.04	HEALTH SYSTEM	10.04
10.05	ASC	10.05
10.06	THERAPY	10.06
10.07	PHYSICIAN OFFICE	10.07
10.08	PHYSICIAN OFFICE	10.08
10.09	PHYSICIAN OFFICE	10.09
10.10	PHYSICIAN OFFICE	10.10
10.11	PHYSICIAN OFFICE	10.11
10.12	PHYSICIAN OFFICE	10.12
10.13	PHYSICIAN OFFICE	10.13
10.14	PHYSICIAN OFFICE	10.14
10.15	RAD THERAPY	10.15
10.16	HEART HOSPITAL	10.16
10.17	HEART HOSPITAL	10.17
10.18	HEART HOSPITAL	10.18
10.19	HEART HOSPITAL	10.19
10.20	HEART HOSPITAL	10.20
10.21	HEART HOSPITAL	10.21
10.22	HEART HOSPITAL	10.22
10.23	HEART HOSPITAL	10.23
10.24	HEART HOSPITAL	10.24
10.25	HEART HOSPITAL	10.25
10.26	NEURO SURGERY	10.26
10.27	CARDIAC SURGERY	10.27
10.28	CARDIAC SURGERY	10.28
10.29	ORTHO SURGERY	10.29
10.30	HEALTH SYSTEM	10.30
10.31	HEALTH SYSTEM	10.31
10.32	HEALTH SYSTEM	10.32
10.33	HEALTH SYSTEM	10.33
10.34	HEALTH SYSTEM	10.34
10.35	HEALTH SYSTEM	10.35
10.36	HEALTH SYSTEM	10.36
10.37	HEALTH SYSTEM	10.37
10.38	HEALTH SYSTEM	10.38
10.39	HEALTH SYSTEM	10.39
10.40	HEALTH SYSTEM	10.40
10.41	HEALTH SYSTEM	10.41
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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2

Date/Time Prepared:
2/26/2018 2:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	194,986	20,000	174,986	179,000	1,842	1.00
2.00	17.00	SOCIAL SERVICE	9,429	9,429	0	179,000	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	18,209,613	16,653,339	1,556,274	179,000	7,170	3.00
4.00	31.00	INTENSIVE CARE UNIT	143,932	0	143,932	179,000	110	4.00
5.00	50.00	OPERATING ROOM	15,362,114	13,805,506	1,556,608	179,000	3,232	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	415,988	37,238	378,750	246,400	1,515	6.00
7.00	59.00	CARDIAC CATHETERIZATION	56,994	-8,688	65,681	179,000	258	7.00
8.00	60.00	LABORATORY	701,028	232,614	468,414	179,000	864	8.00
9.00	65.00	RESPIRATORY THERAPY	4,170	0	4,170	260,300	35	9.00
10.00	69.00	ELECTROCARDIOLOGY	233,632	233,632	0	179,000	0	10.00
11.00	74.00	RENAL DIALYSIS	3,938	0	3,938	179,000	26	11.00
12.00	90.00	CLINIC	12,347	9,322	3,025	179,000	28	12.00
13.00	90.01	FAMILY PRACTICE CLINIC	201,912	201,912	0	179,000	0	13.00
14.00	90.03	CHEMO	2,392	2,392	0	179,000	0	14.00
15.00	90.04	PRIMARY CARE FOR SENIORS	1,302,184	1,213,391	88,793	179,000	696	15.00
16.00	90.05	PAIN MANAGEMENT	193,384	184,217	9,167	179,000	80	16.00
17.00	90.06	WOUND CARE	114,834	114,834	0	179,000	0	17.00
18.00	90.07	SLEEP CENTER	1,060,906	1,054,066	6,840	179,000	57	18.00
19.00	90.08	HEMATOLOGY	19,945	19,945	0	179,000	0	19.00
20.00	91.00	EMERGENCY	18,593,888	11,885,004	6,708,884	179,000	57,613	20.00
200.00			56,837,616	45,668,153	11,169,462		73,526	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	158,518	7,926	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	617,034	30,852	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	9,466	473	0	0	0	4.00
5.00	50.00	OPERATING ROOM	278,138	13,907	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	179,469	8,973	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	22,203	1,110	0	0	0	7.00
8.00	60.00	LABORATORY	74,354	3,718	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	4,380	219	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	2,238	112	0	0	0	11.00
12.00	90.00	CLINIC	2,410	121	0	0	0	12.00
13.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	0	0	13.00
14.00	90.03	CHEMO	0	0	0	0	0	14.00
15.00	90.04	PRIMARY CARE FOR SENIORS	59,896	2,995	0	0	0	15.00
16.00	90.05	PAIN MANAGEMENT	6,885	344	0	0	0	16.00
17.00	90.06	WOUND CARE	0	0	0	0	0	17.00
18.00	90.07	SLEEP CENTER	4,905	245	0	0	0	18.00
19.00	90.08	HEMATOLOGY	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	4,958,042	247,902	0	0	0	20.00
200.00			6,377,938	318,897	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	158,518	16,468	36,468		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	9,429		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	617,034	939,240	17,592,579		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	9,466	134,466	134,466		4.00
5.00	50.00	OPERATING ROOM	0	278,138	1,278,470	15,083,976		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	179,469	199,281	236,519		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	22,203	43,478	34,791		7.00
8.00	60.00	LABORATORY	0	74,354	394,060	626,674		8.00
9.00	65.00	RESPIRATORY THERAPY	0	4,380	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	233,632		10.00
11.00	74.00	RENAL DIALYSIS	0	2,238	1,700	1,700		11.00
12.00	90.00	CLINIC	0	2,410	615	9,937		12.00
13.00	90.01	FAMILY PRACTICE CLINIC	0	0	0	201,912		13.00
14.00	90.03	CHEMO	0	0	0	2,392		14.00
15.00	90.04	PRIMARY CARE FOR SENIORS	0	59,896	28,897	1,242,288		15.00
16.00	90.05	PAIN MANAGEMENT	0	6,885	2,282	186,499		16.00
17.00	90.06	WOUND CARE	0	0	0	114,834		17.00
18.00	90.07	SLEEP CENTER	0	4,905	1,935	1,056,001		18.00
19.00	90.08	HEMATOLOGY	0	0	0	19,945		19.00
20.00	91.00	EMERGENCY	0	4,958,042	1,750,842	13,635,846		20.00
200.00			0	6,377,938	4,791,734	50,459,888		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/26/2018 2: 33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	27,181,274	27,181,274			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	111,615	0	111,615		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,331,027			26,331,027	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	46,348,803	14,623	7,990	48,952	46,420,368
5.00 00500	ADMINISTRATIVE & GENERAL	60,012,402	1,063,100	51,630	13,581,343	7,191,936
7.00 00700	OPERATION OF PLANT	11,039,146	3,637,229	0	138,559	631,062
8.00 00800	LAUNDRY & LINEN SERVICE	883,191	13,581	0	212,724	115,083
9.00 00900	HOUSEKEEPING	4,911,638	6,038	0	64,649	810,825
10.00 01000	DIETARY	1,972,846	59,283	0	168,009	212,367
11.00 01100	CAFETERIA	2,569,896	162,782	0	0	252,805
13.00 01300	NURSING ADMINISTRATION	3,162,402	10,340	10,061	519,010	405,415
14.00 01400	CENTRAL SERVICES & SUPPLY	3,126,338	8,990	0	319,838	381,464
15.00 01500	PHARMACY	7,317,084	5,903	0	174,443	1,581,689
16.00 01600	MEDICAL RECORDS & LIBRARY	1,867,447	22,320	0	134,432	751,341
17.00 01700	SOCIAL SERVICE	4,634,720	0	0	2,750	668,134
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,571,715	0	0	0	286,928
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,436,708	0	0	0	250,281
23.00 02300	PARAMED ED PRGM-PHARMACY	296,833	7,447	0	5,519	44,131
23.01 02301	PARAMED ED PRGM-CHAPLAIN	216,223	31,484	1,619	9,160	38,448
23.03 02303	PARAMED ED PRGM-NURSING	497,344	36,480	0	10,598	90,794
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,793,987	5,606,164	0	1,631,131	10,248,389
31.00 03100	INTENSIVE CARE UNIT	13,654,641	1,088,101	0	310,838	2,020,092
32.00 03200	CORONARY CARE UNIT	3,254,329	167,914	0	79,365	473,457
40.00 04000	SUBPROVIDER - IPF	1,122,631	94,529	0	395	185,973
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	50,997,427	2,426,781	0	3,322,497	4,498,463
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,373,686	825,042	0	2,494,494	1,866,973
55.00 05500	RADIOLOGY-THERAPEUTIC	4,194,329	335,673	0	21,907	148,583
59.00 05900	CARDIAC CATHETERIZATION	5,875,019	224,013	0	244,667	277,844
60.00 06000	LABORATORY	33,438,700	951,498	0	1,065,561	2,530,555
64.00 06400	INTRAVENOUS THERAPY	2,302,822	24,597	0	8,300	121,885
65.00 06500	RESPIRATORY THERAPY	4,374,286	123,697	0	42,949	582,058
66.00 06600	PHYSICAL THERAPY	9,639,910	149,278	0	33,591	0
69.00 06900	ELECTROCARDIOLOGY	2,445,674	76,954	0	14,915	80,985
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,906,838	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,443,061	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	53,527,458	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,361,444	11,343	0	6,510	32,715
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,297,404	187,109	0	40,107	311,062
90.01 09001	FAMILY PRACTICE CLINIC	1,750,811	183,077	0	47,331	196,228
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	1,233,530	114,032	0	422	173,044
90.03 09003	CHEMO	1,324,228	74,581	0	19,398	163,387
90.04 09004	PRIMARY CARE FOR SENIORS	1,217,831	0	0	20,653	345,545
90.05 09005	PAIN MANAGEMENT	2,847,114	0	0	114,744	414,640
90.06 09006	WOUND CARE	1,015,220	9,163	0	11,930	131,198
90.07 09007	SLEEP CENTER	2,464,423	134,771	0	106,261	502,604
90.08 09008	HEMATOLOGY	638,431	64,993	0	4,127	76,718
91.00 09100	EMERGENCY	19,247,798	985,567	0	432,893	4,013,950
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION UNIT	935,274	0	0	3,582	132,264
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	8,154,196	377,478	0	298,194	527,784
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	529,321,154	19,315,955	71,300	25,766,748	43,769,099
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,598,575	155,471	0	0	254,599
192.00 19200	PHYSICIANS' PRIVATE OFFICES	10,674,763	229,029	0	409,121	1,585,967
192.01 19201	DEACONESS URGENT CARE	227	0	0	0	0
192.02 19202	HEARTCARE	3,193	0	0	0	0
192.03 19203	FAMILY PHARMACY	13,461,821	35,072	0	70,293	161,777
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	2,349,368	153,233	40,315	66,271	168,480
194.01 07951	OCCUPATIONAL HEALTH	791,343	209,853	0	260	98,570
194.02 07952	OTHER FACILITIES	3,051,679	1,096,725	0	0	53,432
194.03 07953	THE HEART HOSPITAL	87,602	1,023,070	0	0	0
194.04 07954	PR	1,632,339	89,088	0	6,295	106,483
194.05 07955	CHILD CARE CENTER	1,535,486	301,720	0	8,492	221,848

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.06 07956 CENTER OF LIFE BALANCE	35,578	0	0	3,547	113	194.06
194.07 07957 UNIT 3200 - DEACONESS VNA	208,967	135,195	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	253,587	0	0	0	194.08
194.09 07959 HOME OFFICE	0	4,183,276	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	565,752,095	27,181,274	111,615	26,331,027	46,420,368	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,900,411	81,900,411				5.00
7.00	00700	OPERATION OF PLANT	15,445,996	2,614,513	18,060,509			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,224,579	207,282	10,918	1,442,779		8.00
9.00	00900	HOUSEKEEPING	5,793,150	980,595	4,854	0	6,778,599	9.00
10.00	01000	DIETARY	2,412,505	408,360	47,657	11,322	17,903	10.00
11.00	01100	CAFETERIA	2,985,483	505,347	130,859	0	49,158	11.00
13.00	01300	NURSING ADMINISTRATION	4,107,228	695,222	8,312	0	3,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,836,630	649,419	7,227	9,528	2,715	14.00
15.00	01500	PHARMACY	9,079,119	1,536,804	4,746	0	1,783	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,775,540	469,810	17,943	0	6,740	16.00
17.00	01700	SOCIAL SERVICE	5,305,604	898,069	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,858,643	314,609	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,686,989	285,553	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	353,930	59,909	5,986	0	2,249	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	296,934	50,261	25,310	0	9,508	23.01
23.03	02303	PARAMED PRGM-NURSING	635,216	107,522	29,326	0	11,017	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,279,671	11,218,837	4,506,752	768,257	1,692,984	30.00
31.00	03100	INTENSIVE CARE UNIT	17,073,672	2,890,026	874,717	65,863	328,592	31.00
32.00	03200	CORONARY CARE UNIT	3,975,065	672,851	134,985	30,269	50,708	32.00
40.00	04000	SUBPROVIDER - IPF	1,403,528	237,572	75,991	4,160	28,546	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,245,168	10,366,847	1,950,871	152,118	732,855	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,560,195	4,157,255	663,245	67,420	249,151	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,700,492	795,643	269,845	0	101,369	55.00
59.00	05900	CARDIAC CATHETERIZATION	6,621,543	1,120,815	180,083	25,076	67,649	59.00
60.00	06000	LABORATORY	37,986,314	6,429,867	764,902	1,772	287,339	60.00
64.00	06400	INTRAVENOUS THERAPY	2,457,604	415,994	19,773	0	7,428	64.00
65.00	06500	RESPIRATORY THERAPY	5,122,990	867,158	99,439	167	37,355	65.00
66.00	06600	PHYSICAL THERAPY	9,822,779	1,662,682	120,003	17,375	45,080	66.00
69.00	06900	ELECTROCARDIOLOGY	2,618,528	443,233	61,863	5,551	23,239	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,906,838	1,846,179	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,443,061	2,614,016	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,527,458	9,060,486	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,412,012	239,008	9,119	0	3,426	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,835,682	479,990	150,415	659	56,504	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,177,447	368,572	147,174	804	55,287	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,521,028	257,461	91,670	0	34,436	90.02
90.03	09003	CHEMO	1,581,594	267,713	59,955	2,681	22,522	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,584,029	268,125	0	243	0	90.04
90.05	09005	PAI N MANAGEMENT	3,376,498	571,533	0	10,812	0	90.05
90.06	09006	WOUND CARE	1,167,511	197,622	7,366	2,013	2,767	90.06
90.07	09007	SLEEP CENTER	3,208,059	543,022	108,341	0	40,699	90.07
90.08	09008	HEMATOLOGY	784,269	132,752	52,248	0	19,627	90.08
91.00	09100	EMERGENCY	24,680,208	4,177,569	792,290	155,567	297,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	1,071,120	181,306	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	9,357,652	1,583,951	303,452	0	113,993	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	518,199,972	73,851,360	11,737,637	1,331,657	4,403,380	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,008,645	509,267	124,982	1,282	46,950	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,898,880	2,183,368	184,115	8,553	69,164	192.00
192.01	19201	DEACONESS URGENT CARE	227	38	0	1,509	0	192.01
192.02	19202	HEARTCARE	3,193	540	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	13,728,963	2,323,874	28,194	0	10,591	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,777,667	470,170	123,183	15,227	46,274	194.00
194.01	07951	OCCUPATIONAL HEALTH	1,100,026	186,199	168,700	3,037	63,373	194.01
194.02	07952	OTHER FACILITIES	4,201,836	711,236	881,649	1,185	331,196	194.02
194.03	07953	THE HEART HOSPITAL	1,110,672	188,001	822,438	74,191	308,953	194.03
194.04	07954	PR	1,834,205	310,472	71,617	0	26,903	194.04
194.05	07955	CHILD CARE CENTER	2,067,546	349,969	242,550	5,384	91,115	194.05
194.06	07956	CENTER OF LIFE BALANCE	39,238	6,642	0	0	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	344,162	58,256	108,682	754	40,827	194.07
194.08	07958	HEALTHSOUTH	253,587	42,924	203,857	0	76,580	194.08
194.09	07959	HOME OFFICE	4,183,276	708,095	3,362,905	0	1,263,293	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	565,752,095	81,900,411	18,060,509	1,442,779	6,778,599	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
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	2,897,747					10.00
11.00	01100	0	3,670,847				11.00
13.00	01300	0	60,343	4,874,228			13.00
14.00	01400	0	72,255	99,097	4,676,871		14.00
15.00	01500	0	156,682	214,889	0	10,994,023	15.00
16.00	01600	0	123,173	168,931	112	0	16.00
17.00	01700	0	83,250	114,177	156	0	17.00
21.00	02100	0	31,153	42,726	0	0	21.00
22.00	02200	0	6,283	8,617	0	0	22.00
23.00	02300	0	4,450	6,104	0	0	23.00
23.01	02301	0	8,116	11,130	0	0	23.01
23.03	02303	0	9,294	12,746	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,115,301	1,065,232	1,460,959	172,059	4,039	30.00
31.00	03100	329,797	238,231	326,732	97,704	1,919	31.00
32.00	03200	75,504	56,154	77,015	23,100	535	32.00
40.00	04000	65,602	28,274	38,777	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	332,738	456,347	286,727	8,106	50.00
54.00	05400	0	230,639	316,319	166,849	3,230	54.00
55.00	05500	0	16,755	22,979	234	108	55.00
59.00	05900	0	28,404	38,956	6,113	525	59.00
60.00	06000	0	426,328	584,706	766,777	162	60.00
64.00	06400	0	11,912	16,337	40,447	18	64.00
65.00	06500	0	72,385	99,276	22,029	164	65.00
66.00	06600	0	0	0	18,428	1,201	66.00
69.00	06900	0	9,294	12,746	9,808	562	69.00
71.00	07100	0	0	0	1,464,289	0	71.00
72.00	07200	0	0	0	1,023,668	0	72.00
73.00	07300	0	0	0	162,197	8,863,781	73.00
74.00	07400	0	3,403	4,668	4,640	297	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	38,353	52,600	10,188	0	90.00
90.01	09001	0	27,226	37,341	1,005	16,671	90.01
90.02	09002	0	0	37,161	5	69	90.02
90.03	09003	0	0	27,467	17,815	77	90.03
90.04	09004	0	0	36,982	379	15,278	90.04
90.05	09005	0	0	72,527	2,264	915	90.05
90.06	09006	0	0	20,466	19,749	2,923	90.06
90.07	09007	0	0	63,013	5,098	0	90.07
90.08	09008	0	0	19,568	298	327	90.08
91.00	09100	53,332	252,760	346,659	82,765	607	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	37,568	19,111	26,210	2,986	14	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	87,962	0	245,900	12,457	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,677,104	3,500,160	4,874,228	4,653,789	8,933,985	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	51,311	0	0	0	190.00
192.00	19200	0	0	0	3,007	20,857	192.00
192.01	19201	0	0	0	1	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	17,147	0	14,349	2,030,027	192.03
194.00	07950	220,643	29,582	0	1,441	7,798	194.00
194.01	07951	0	0	0	3,918	1,356	194.01
194.02	07952	0	2,225	0	83	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	13,482	0	100	0	194.04
194.05	07955	0	56,940	0	0	0	194.05
194.06	07956	0	0	0	3	0	194.06
194.07	07957	0	0	0	180	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,897,747	3,670,847	4,874,228	4,676,871	10,994,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,562,249				16.00
17.00 01700	SOCIAL SERVICE	0	6,401,256			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,247,131		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,987,442	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	432,628
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	29,097	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	268,695	5,237,390	1,163,096	1,028,682	0
31.00 03100	INTENSIVE CARE UNIT	95,589	407,353	30,986	27,405	0
32.00 03200	CORONARY CARE UNIT	21,829	261,870	0	0	0
40.00 04000	SUBPROVIDER - I/PF	13,790	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	594,540	0	98,247	86,893	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	516,816	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	64,962	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	91,976	0	31,573	27,925	0
60.00 06000	LABORATORY	333,367	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	9,851	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	89,838	0	0	0	0
66.00 06600	PHYSICAL THERAPY	121,075	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	42,188	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,844	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	100,560	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	473,251	0	0	0	0
74.00 07400	RENAL DIALYSIS	15,397	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	11,360	0	1,218	1,077	0
90.01 09001	FAMILY PRACTICE CLINIC	8,017	0	774,263	684,786	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	6,961	0	0	0	0
90.03 09003	CHEMO	35,768	0	0	0	0
90.04 09004	PRIMARY CARE FOR SENIORS	4,121	0	28,970	25,622	0
90.05 09005	PAIN MANAGEMENT	62,486	0	0	0	0
90.06 09006	WOUND CARE	7,129	0	0	0	0
90.07 09007	SLEEP CENTER	15,626	0	0	0	0
90.08 09008	HEMATOLOGY	5,179	0	0	0	0
91.00 09100	EMERGENCY	417,939	465,546	118,778	105,052	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
92.01 09201	OBSERVATION UNIT	4,687	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	44,385	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,527,226	6,401,256	2,247,131	1,987,442	432,628
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,710	0	0	0	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE	0	0	0	0	0
192.03 19203	FAMILY PHARMACY	31,966	0	0	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	OCCUPATIONAL HEALTH	0	0	0	0	0
194.02 07952	OTHER FACILITIES	0	0	0	0	0
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0
194.04 07954	PR	0	0	0	0	0
194.05 07955	CHILD CARE CENTER	0	0	0	0	0
194.06 07956	CENTER OF LIFE BALANCE	0	0	0	0	0
194.07 07957	UNIT 3200 - DEACONESS VNA	347	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0 194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0 194.09
200.00 Cross Foot Adjustments			0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	3,562,249	6,401,256	2,247,131	1,987,442	432,628	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description			PARAMED PRGM-CHAPLAIN	PARAMED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
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
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM-PHARMACY						23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	401,259					23.01
23.03	02303	PARAMED PRGM-NURSING		834,218				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	401,259	551,187	97,934,400	-2,191,778	95,742,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	177,720	22,966,306	-58,391	22,907,915	31.00
32.00	03200	CORONARY CARE UNIT	0	26,893	5,406,778	0	5,406,778	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,896,240	0	1,896,240	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,271	76,345,728	-185,140	76,160,588	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	30,931,119	0	30,931,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,972,387	0	5,972,387	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	8,243,851	-59,498	8,184,353	59.00
60.00	06000	LABORATORY	0	0	47,581,534	0	47,581,534	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,071	2,980,435	0	2,980,435	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,410,801	0	6,410,801	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,808,623	0	11,808,623	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,227,012	0	3,227,012	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,267,150	0	14,267,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,181,305	0	19,181,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,519,801	0	72,519,801	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,691,970	0	1,691,970	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,927	3,641,973	-2,295	3,639,678	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	4,298,593	-1,459,049	2,839,544	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	1,948,791	0	1,948,791	90.02
90.03	09003	CHEMO	0	0	2,015,592	0	2,015,592	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	1,963,749	-54,592	1,909,157	90.04
90.05	09005	PAIN MANAGEMENT	0	1,071	4,098,106	0	4,098,106	90.05
90.06	09006	WOUND CARE	0	2,796	1,430,342	0	1,430,342	90.06
90.07	09007	SLEEP CENTER	0	0	3,983,858	0	3,983,858	90.07
90.08	09008	HEMATOLOGY	0	0	1,014,268	0	1,014,268	90.08
91.00	09100	EMERGENCY	0	32,069	31,978,769	-223,830	31,754,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	0	0	1,343,002	0	1,343,002	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	11,749,752	0	11,749,752	96.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,259	834,218	498,832,235	-4,234,573	494,597,662	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,742,437	0	3,742,437	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	15,370,654	0	15,370,654	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	1,775	0	1,775	192.01
192.02	19202	HEARTCARE	0	0	3,733	0	3,733	192.02
192.03	19203	FAMILY PHARMACY	0	0	18,185,111	0	18,185,111	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,691,985	0	3,691,985	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	1,526,609	0	1,526,609	194.01
194.02	07952	OTHER FACILITIES	0	0	6,129,410	0	6,129,410	194.02
194.03	07953	THE HEART HOSPITAL	0	0	2,504,255	0	2,504,255	194.03
194.04	07954	PR	0	0	2,256,779	0	2,256,779	194.04
194.05	07955	CHILD CARE CENTER	0	0	2,813,504	0	2,813,504	194.05
194.06	07956	CENTER OF LIFE BALANCE	0	0	45,883	0	45,883	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	0	0	553,208	0	553,208	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.08	07958	HEALTHSOUTH	0	0	576,948	0	576,948	194.08
194.09	07959	HOME OFFICE	0	0	9,517,569	0	9,517,569	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	401,259	834,218	565,752,095	-4,234,573	561,517,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/26/2018 2: 33 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		0	1. 00	2. 00		
GENERAL SERVICE COST CENTERS						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
1. 01 00101	CAP REL COSTS-BLDG & FIXT					1. 01
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	14, 623	7, 990	48, 952	71, 565 4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	0	1, 063, 100	51, 630	13, 581, 343	14, 696, 073 5. 00
7. 00 00700	OPERATION OF PLANT	0	3, 637, 229	0	138, 559	3, 775, 788 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	13, 581	0	212, 724	226, 305 8. 00
9. 00 00900	HOUSEKEEPING	0	6, 038	0	64, 649	70, 687 9. 00
10. 00 01000	DIETARY	0	59, 283	0	168, 009	227, 292 10. 00
11. 00 01100	CAFETERIA	0	162, 782	0	0	162, 782 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	10, 340	10, 061	519, 010	539, 411 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	8, 990	0	319, 838	328, 828 14. 00
15. 00 01500	PHARMACY	0	5, 903	0	174, 443	180, 346 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	22, 320	0	134, 432	156, 752 16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	2, 750	2, 750 17. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22. 00
23. 00 02300	PARAMED ED PRGM-PHARMACY	0	7, 447	0	5, 519	12, 966 23. 00
23. 01 02301	PARAMED ED PRGM-CHAPLAIN	0	31, 484	1, 619	9, 160	42, 263 23. 01
23. 03 02303	PARAMED ED PRGM-NURSING	0	36, 480	0	10, 598	47, 078 23. 03
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	5, 606, 164	0	1, 631, 131	7, 237, 295 30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	1, 088, 101	0	310, 838	1, 398, 939 31. 00
32. 00 03200	CORONARY CARE UNIT	0	167, 914	0	79, 365	247, 279 32. 00
40. 00 04000	SUBPROVIDER - IPF	0	94, 529	0	395	94, 924 40. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	2, 426, 781	0	3, 322, 497	5, 749, 278 50. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	825, 042	0	2, 494, 494	3, 319, 536 54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	335, 673	0	21, 907	357, 580 55. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	224, 013	0	244, 667	468, 680 59. 00
60. 00 06000	LABORATORY	0	951, 498	0	1, 065, 561	2, 017, 059 60. 00
64. 00 06400	INTRAVENOUS THERAPY	0	24, 597	0	8, 300	32, 897 64. 00
65. 00 06500	RESPIRATORY THERAPY	0	123, 697	0	42, 949	166, 646 65. 00
66. 00 06600	PHYSICAL THERAPY	0	149, 278	0	33, 591	182, 869 66. 00
69. 00 06900	ELECTROCARDIOLOGY	0	76, 954	0	14, 915	91, 869 69. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
74. 00 07400	RENAL DIALYSIS	0	11, 343	0	6, 510	17, 853 74. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000	CLINIC	0	187, 109	0	40, 107	227, 216 90. 00
90. 01 09001	FAMILY PRACTICE CLINIC	0	183, 077	0	47, 331	230, 408 90. 01
90. 02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	114, 032	0	422	114, 454 90. 02
90. 03 09003	CHEMO	0	74, 581	0	19, 398	93, 979 90. 03
90. 04 09004	PRIMARY CARE FOR SENIORS	0	0	0	20, 653	20, 653 90. 04
90. 05 09005	PAIN MANAGEMENT	0	0	0	114, 744	114, 744 90. 05
90. 06 09006	WOUND CARE	0	9, 163	0	11, 930	21, 093 90. 06
90. 07 09007	SLEEP CENTER	0	134, 771	0	106, 261	241, 032 90. 07
90. 08 09008	HEMATOLOGY	0	64, 993	0	4, 127	69, 120 90. 08
91. 00 09100	EMERGENCY	0	985, 567	0	432, 893	1, 418, 460 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
92. 01 09201	OBSERVATION UNIT	0	0	0	3, 582	3, 582 92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600	DURABLE MEDICAL EQUIP-RENTED	0	377, 478	0	298, 194	675, 672 96. 00
SPECIAL PURPOSE COST CENTERS						
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	0	19, 315, 955	71, 300	25, 766, 748	45, 154, 003 118. 00
NONREIMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155, 471	0	0	155, 471 190. 00
192. 00 19200	PHYSICIANS' PRIVATE OFFICES	0	229, 029	0	409, 121	638, 150 192. 00
192. 01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192. 01
192. 02 19202	HEARTCARE	0	0	0	0	0 192. 02
192. 03 19203	FAMILY PHARMACY	0	35, 072	0	70, 293	105, 365 192. 03
194. 00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	153, 233	40, 315	66, 271	259, 819 194. 00
194. 01 07951	OCCUPATIONAL HEALTH	0	209, 853	0	260	210, 113 194. 01
194. 02 07952	OTHER FACILITIES	0	1, 096, 725	0	0	1, 096, 725 194. 02
194. 03 07953	THE HEART HOSPITAL	0	1, 023, 070	0	0	1, 023, 070 194. 03
194. 04 07954	PR	0	89, 088	0	6, 295	95, 383 194. 04
194. 05 07955	CHILD CARE CENTER	0	301, 720	0	8, 492	310, 212 194. 05
194. 06 07956	CENTER OF LIFE BALANCE	0	0	0	3, 547	3, 547 194. 06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		
		1.00	1.01	2.00		
	0	1.00	1.01	2.00	2A	
194.07 07957 UNIT 3200 - DEACONESS VNA	0	135,195	0	0	135,195	194.07
194.08 07958 HEALTHSOUTH	0	253,587	0	0	253,587	194.08
194.09 07959 HOME OFFICE	0	4,183,276	0	0	4,183,276	194.09
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)	0	27,181,274	111,615	26,331,027	53,623,916	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/26/2018 2:33 pm		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	71,565				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,070	14,707,143			5.00
7.00	00700	OPERATION OF PLANT	971	469,496	4,246,255		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177	37,222	2,567	266,271	8.00
9.00	00900	HOUSEKEEPING	1,248	176,089	1,141	0	249,165
10.00	01000	DIETARY	327	73,331	11,205	2,090	658
11.00	01100	CAFETERIA	389	90,747	30,767	0	1,807
13.00	01300	NURSING ADMINISTRATION	624	124,843	1,954	0	115
14.00	01400	CENTRAL SERVICES & SUPPLY	587	116,618	1,699	1,758	100
15.00	01500	PHARMACY	2,435	275,969	1,116	0	66
16.00	01600	MEDICAL RECORDS & LIBRARY	1,156	84,365	4,219	0	248
17.00	01700	SOCIAL SERVICE	1,028	161,269	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	442	56,495	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	385	51,278	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY	68	10,758	1,407	0	83
23.01	02301	PARAMED ED PRGM-CHAPLAIN	59	9,026	5,951	0	349
23.03	02303	PARAMED ED PRGM-NURSING	140	19,308	6,895	0	405
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,890	2,014,625	1,059,595	141,786	62,230
31.00	03100	INTENSIVE CARE UNIT	3,109	518,971	205,657	12,155	12,078
32.00	03200	CORONARY CARE UNIT	729	120,826	31,737	5,586	1,864
40.00	04000	SUBPROVIDER - I/PF	286	42,662	17,866	768	1,049
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,924	1,861,608	458,674	28,074	26,938
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,874	746,532	155,937	12,443	9,158
55.00	05500	RADIOLOGY-THERAPEUTIC	229	142,876	63,444	0	3,726
59.00	05900	CARDIAC CATHETERIZATION	428	201,268	42,340	4,628	2,487
60.00	06000	LABORATORY	3,895	1,154,632	179,838	327	10,562
64.00	06400	INTRAVENOUS THERAPY	188	74,701	4,649	0	273
65.00	06500	RESPIRATORY THERAPY	896	155,718	23,379	31	1,373
66.00	06600	PHYSICAL THERAPY	0	298,573	28,214	3,207	1,657
69.00	06900	ELECTROCARDIOLOGY	125	79,593	14,545	1,024	854
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	331,524	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	469,407	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,627,021	0	0	0
74.00	07400	RENAL DIALYSIS	50	42,920	2,144	0	126
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	479	86,193	35,365	122	2,077
90.01	09001	FAMILY PRACTICE CLINIC	302	66,186	34,602	148	2,032
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	266	46,233	21,553	0	1,266
90.03	09003	CHEMO	251	48,074	14,096	495	828
90.04	09004	PRIMARY CARE FOR SENIORS	532	48,148	0	45	0
90.05	09005	PAIN MANAGEMENT	638	102,632	0	1,995	0
90.06	09006	WOUND CARE	202	35,488	1,732	371	102
90.07	09007	SLEEP CENTER	774	97,512	25,472	0	1,496
90.08	09008	HEMATOLOGY	118	23,839	12,284	0	721
91.00	09100	EMERGENCY	6,178	750,180	186,277	28,711	10,940
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	204	32,558	0	0	0
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	812	284,435	71,345	0	4,190
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,485	13,261,749	2,759,666	245,764	161,858
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	392	91,451	29,385	237	1,726
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,441	392,074	43,288	1,578	2,542
192.01	19201	DEACONESS URGENT CARE	0	7	0	278	0
192.02	19202	HEARTCARE	0	97	0	0	0
192.03	19203	FAMILY PHARMACY	249	417,306	6,629	0	389
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	259	84,430	28,962	2,810	1,701
194.01	07951	OCCUPATIONAL HEALTH	152	33,436	39,663	560	2,329
194.02	07952	OTHER FACILITIES	82	127,719	207,287	219	12,174
194.03	07953	THE HEART HOSPITAL	0	33,760	193,366	13,692	11,356
194.04	07954	PR	164	55,752	16,838	0	989
194.05	07955	CHILD CARE CENTER	341	62,845	57,027	994	3,349
194.06	07956	CENTER OF LIFE BALANCE	0	1,193	0	0	0
194.07	07957	UNIT 3200 - DEACONESS VNA	0	10,461	25,553	139	1,501
194.08	07958	HEALTHSOUTH	0	7,708	47,929	0	2,815
194.09	07959	HOME OFFICE	0	127,155	790,662	0	46,436

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	71,565	14,707,143	4,246,255	266,271	249,165	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
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	314,903					10.00
11.00	01100	0	286,492				11.00
13.00	01300	0	4,709	671,656			13.00
14.00	01400	0	5,639	13,655	468,884		14.00
15.00	01500	0	12,228	29,611	0	501,771	15.00
16.00	01600	0	9,613	23,278	11	0	16.00
17.00	01700	0	6,497	15,733	16	0	17.00
21.00	02100	0	2,431	5,888	0	0	21.00
22.00	02200	0	490	1,187	0	0	22.00
23.00	02300	0	347	841	0	0	23.00
23.01	02301	0	633	1,534	0	0	23.01
23.03	02303	0	725	1,756	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	229,872	83,136	201,319	17,249	184	30.00
31.00	03100	35,840	18,593	45,023	9,795	88	31.00
32.00	03200	8,205	4,383	10,613	2,316	24	32.00
40.00	04000	7,129	2,207	5,343	0	0	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	25,969	62,883	28,745	370	50.00
54.00	05400	0	18,000	43,588	16,727	147	54.00
55.00	05500	0	1,308	3,166	23	5	55.00
59.00	05900	0	2,217	5,368	613	24	59.00
60.00	06000	0	33,273	80,571	76,871	7	60.00
64.00	06400	0	930	2,251	4,055	1	64.00
65.00	06500	0	5,649	13,680	2,208	7	65.00
66.00	06600	0	0	0	1,847	55	66.00
69.00	06900	0	725	1,756	983	26	69.00
71.00	07100	0	0	0	146,817	0	71.00
72.00	07200	0	0	0	102,625	0	72.00
73.00	07300	0	0	0	16,261	404,549	73.00
74.00	07400	0	266	643	465	14	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	2,993	7,248	1,021	0	90.00
90.01	09001	0	2,125	5,145	101	761	90.01
90.02	09002	0	0	5,121	1	3	90.02
90.03	09003	0	0	3,785	1,786	4	90.03
90.04	09004	0	0	5,096	38	697	90.04
90.05	09005	0	0	9,994	227	42	90.05
90.06	09006	0	0	2,820	1,980	133	90.06
90.07	09007	0	0	8,683	511	0	90.07
90.08	09008	0	0	2,696	30	15	90.08
91.00	09100	5,796	19,727	47,769	8,297	28	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	4,083	1,492	3,612	299	1	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	6,865	0	24,652	569	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		290,925	273,170	671,656	466,570	407,754	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	4,005	0	0	0	190.00
192.00	19200	0	0	0	301	952	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	1,338	0	1,439	92,647	192.03
194.00	07950	23,978	2,309	0	145	356	194.00
194.01	07951	0	0	0	393	62	194.01
194.02	07952	0	174	0	8	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	1,052	0	10	0	194.04
194.05	07955	0	4,444	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	18	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0082			Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
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)	314,903	286,492	671,656	468,884	501,771		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
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
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	279,642				16.00
17.00 01700	SOCIAL SERVICE	0	187,293			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	65,256		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	53,340	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM-CHAPLAIN	0	0	0	0	23.01
23.03 02303	PARAMED PRGM-NURSING	0	851	0	0	23.03
26,470						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,139	153,240			30.00
31.00 03100	INTENSIVE CARE UNIT	7,520	11,919			31.00
32.00 03200	CORONARY CARE UNIT	1,717	7,662			32.00
40.00 04000	SUBPROVIDER - I/PF	1,085	0			40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	46,168	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,659	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,111	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	7,236	0			59.00
60.00 06000	LABORATORY	26,226	0			60.00
64.00 06400	INTRAVENOUS THERAPY	775	0			64.00
65.00 06500	RESPIRATORY THERAPY	7,068	0			65.00
66.00 06600	PHYSICAL THERAPY	9,525	0			66.00
69.00 06900	ELECTROCARDIOLOGY	3,319	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,921	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,911	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	37,231	0			73.00
74.00 07400	RENAL DIALYSIS	1,211	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	894	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	631	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	548	0			90.02
90.03 09003	CHEMO	2,814	0			90.03
90.04 09004	PRIMARY CARE FOR SENIORS	324	0			90.04
90.05 09005	PAIN MANAGEMENT	4,916	0			90.05
90.06 09006	WOUND CARE	561	0			90.06
90.07 09007	SLEEP CENTER	1,229	0			90.07
90.08 09008	HEMATOLOGY	407	0			90.08
91.00 09100	EMERGENCY	32,880	13,621			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION UNIT	369	0			92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,492	0			96.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	276,887	187,293	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	213	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE	0	0			192.02
192.03 19203	FAMILY PHARMACY	2,515	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	0	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	THE HEART HOSPITAL	0	0			194.03
194.04 07954	PR	0	0			194.04
194.05 07955	CHILD CARE CENTER	0	0			194.05
194.06 07956	CENTER OF LIFE BALANCE	0	0			194.06
194.07 07957	UNIT 3200 - DEACONESS VNA	27	0			194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.08 07958 HEALTHSOUTH	0	0				194.08
194.09 07959 HOME OFFICE	0	0				194.09
200.00 Cross Foot Adjustments			65,256	53,340	26,470	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	279,642	187,293	65,256	53,340	26,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
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
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	59,815				23.01
23.03	02303	PARAMED ED PRGM-NURSING		77,158			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			11,237,560	0	11,237,560
31.00	03100	INTENSIVE CARE UNIT			2,279,687	0	2,279,687
32.00	03200	CORONARY CARE UNIT			442,941	0	442,941
40.00	04000	SUBPROVIDER - IPF			173,319	0	173,319
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			8,295,631	0	8,295,631
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,365,601	0	4,365,601
55.00	05500	RADIOLOGY-THERAPEUTIC			577,468	0	577,468
59.00	05900	CARDIAC CATHETERIZATION			735,289	0	735,289
60.00	06000	LABORATORY			3,583,261	0	3,583,261
64.00	06400	INTRAVENOUS THERAPY			120,720	0	120,720
65.00	06500	RESPIRATORY THERAPY			376,655	0	376,655
66.00	06600	PHYSICAL THERAPY			525,947	0	525,947
69.00	06900	ELECTROCARDIOLOGY			194,819	0	194,819
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			482,262	0	482,262
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			579,943	0	579,943
73.00	07300	DRUGS CHARGED TO PATIENTS			2,085,062	0	2,085,062
74.00	07400	RENAL DIALYSIS			65,692	0	65,692
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			363,608	0	363,608
90.01	09001	FAMILY PRACTICE CLINIC			342,441	0	342,441
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			189,445	0	189,445
90.03	09003	CHEMO			166,112	0	166,112
90.04	09004	PRIMARY CARE FOR SENIORS			75,533	0	75,533
90.05	09005	PAIN MANAGEMENT			235,188	0	235,188
90.06	09006	WOUND CARE			64,482	0	64,482
90.07	09007	SLEEP CENTER			376,709	0	376,709
90.08	09008	HEMATOLOGY			109,230	0	109,230
91.00	09100	EMERGENCY			2,528,864	0	2,528,864
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	
92.01	09201	OBSERVATION UNIT			46,200	0	46,200
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			1,072,032	0	1,072,032
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	41,691,701	0	41,691,701
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			282,667	0	282,667
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,081,539	0	1,081,539
192.01	19201	DEACONESS URGENT CARE			285	0	285
192.02	19202	HEARTCARE			97	0	97
192.03	19203	FAMILY PHARMACY			627,877	0	627,877
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			404,769	0	404,769
194.01	07951	OCCUPATIONAL HEALTH			286,708	0	286,708
194.02	07952	OTHER FACILITIES			1,444,388	0	1,444,388
194.03	07953	THE HEART HOSPITAL			1,275,244	0	1,275,244
194.04	07954	PR			170,188	0	170,188
194.05	07955	CHILD CARE CENTER			439,212	0	439,212
194.06	07956	CENTER OF LIFE BALANCE			4,740	0	4,740
194.07	07957	UNIT 3200 - DEACONESS VNA			172,894	0	172,894

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description			PARAMED ED PRGM-CHAPLAIN	PARAMED ED PRGM-NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
194.08	07958	HEALTHSOUTH			312,039	0	312,039	194.08
194.09	07959	HOME OFFICE			5,147,529	0	5,147,529	194.09
200.00		Cross Foot Adjustments	59,815	77,158	282,039	0	282,039	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	59,815	77,158	53,623,916	0	53,623,916	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,408,973				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	49,355			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			19,952,500		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	758	3,533	37,094	254,278,475	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	55,107	22,830	10,291,352	39,395,564	-81,900,411
7.00	00700	OPERATION OF PLANT	188,540	0	104,994	3,456,794	0
8.00	00800	LAUNDRY & LINEN SERVICE	704	0	161,193	630,396	0
9.00	00900	HOUSEKEEPING	313	0	48,988	4,441,489	0
10.00	01000	DIETARY	3,073	0	127,310	1,163,291	0
11.00	01100	CAFETERIA	8,438	0	0	1,384,800	0
13.00	01300	NURSING ADMINISTRATION	536	4,449	393,283	2,220,757	0
14.00	01400	CENTRAL SERVICES & SUPPLY	466	0	242,359	2,089,559	0
15.00	01500	PHARMACY	306	0	132,185	8,664,082	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,157	0	101,867	4,115,654	0
17.00	01700	SOCIAL SERVICE	0	0	2,084	3,659,864	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,571,715	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,370,975	0
23.00	02300	PARAMED ED PRGM-PHARMACY	386	0	4,182	241,740	0
23.01	02301	PARAMED ED PRGM-CHAPLAIN	1,632	716	6,941	210,607	0
23.03	02303	PARAMED ED PRGM-NURSING	1,891	0	8,031	497,344	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	290,602	0	1,235,999	56,137,746	0
31.00	03100	INTENSIVE CARE UNIT	56,403	0	235,539	11,065,543	0
32.00	03200	CORONARY CARE UNIT	8,704	0	60,139	2,593,477	0
40.00	04000	SUBPROVIDER - IPF	4,900	0	299	1,018,710	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	125,795	0	2,517,642	24,641,414	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,767	0	1,890,218	10,226,795	0
55.00	05500	RADIOLOGY-THERAPEUTIC	17,400	0	16,600	813,898	0
59.00	05900	CARDIAC CATHETERIZATION	11,612	0	185,398	1,521,959	0
60.00	06000	LABORATORY	49,322	0	807,435	13,861,724	0
64.00	06400	INTRAVENOUS THERAPY	1,275	0	6,289	667,654	0
65.00	06500	RESPIRATORY THERAPY	6,412	0	32,545	3,188,362	0
66.00	06600	PHYSICAL THERAPY	7,738	0	25,454	0	0
69.00	06900	ELECTROCARDIOLOGY	3,989	0	11,302	443,616	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	588	0	4,933	179,202	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,699	0	30,391	1,703,918	0
90.01	09001	FAMILY PRACTICE CLINIC	9,490	0	35,865	1,074,885	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	320	947,888	0
90.03	09003	CHEMO	3,866	0	14,699	894,992	0
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	15,650	1,892,805	0
90.05	09005	PAIN MANAGEMENT	0	0	86,948	2,271,292	0
90.06	09006	WOUND CARE	475	0	9,040	718,670	0
90.07	09007	SLEEP CENTER	6,986	0	80,520	2,753,134	0
90.08	09008	HEMATOLOGY	3,369	0	3,127	420,240	0
91.00	09100	EMERGENCY	51,088	0	328,027	21,987,378	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION UNIT	0	0	2,714	724,506	0
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	19,567	0	225,958	2,891,066	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,001,265	31,528	19,524,914	239,755,505	-81,900,411
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,059	0	0	1,394,626	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,872	0	310,014	8,687,516	0
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02	19202	HEARTCARE	0	0	0	0	0
192.03	19203	FAMILY PHARMACY	1,818	0	53,265	886,173	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,943	17,827	50,217	922,892	0
194.01	07951	OCCUPATIONAL HEALTH	10,878	0	197	539,939	0
194.02	07952	OTHER FACILITIES	56,850	0	0	292,689	0
194.03	07953	THE HEART HOSPITAL	53,032	0	0	0	0
194.04	07954	PR	4,618	0	4,770	583,289	0
194.05	07955	CHILD CARE CENTER	15,640	0	6,435	1,215,226	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00	4.00	5A		
194.06	07956	CENTER OF LIFE BALANCE	0	0	2,688	620	0	194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	7,008	0	0	0	0	194.07
194.08	07958	HEALTHSOUTH	13,145	0	0	0	0	194.08
194.09	07959	HOME OFFICE	216,845	0	0	0	0	194.09
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)	27,181,274	111,615	26,331,027	46,420,368		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.291551	2.261473	1.319686	0.182557		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				71,565		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000281		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	483,851,684				5.00
7.00	00700	OPERATION OF PLANT	15,445,996	1,164,568			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,224,579	704	4,918,656		8.00
9.00	00900	HOUSEKEEPING	5,793,150	313	0	1,163,551	9.00
10.00	01000	DIETARY	2,412,505	3,073	38,598	3,073	424,623 10.00
11.00	01100	CAFETERIA	2,985,483	8,438	0	8,438	0 11.00
13.00	01300	NURSING ADMINISTRATION	4,107,228	536	0	536	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,836,630	466	32,481	466	0 14.00
15.00	01500	PHARMACY	9,079,119	306	0	306	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,775,540	1,157	0	1,157	0 16.00
17.00	01700	SOCIAL SERVICE	5,305,604	0	0	0	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,858,643	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,686,989	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	353,930	386	0	386	0 23.00
23.01	02301	PARAMED ED PRGM-CHAPLAIN	296,934	1,632	0	1,632	0 23.01
23.03	02303	PARAMED ED PRGM-NURSING	635,216	1,891	0	1,891	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,279,671	290,602	2,619,115	290,602	309,967 30.00
31.00	03100	INTENSIVE CARE UNIT	17,073,672	56,403	224,536	56,403	48,327 31.00
32.00	03200	CORONARY CARE UNIT	3,975,065	8,704	103,191	8,704	11,064 32.00
40.00	04000	SUBPROVIDER - IPF	1,403,528	4,900	14,181	4,900	9,613 40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,245,168	125,795	518,592	125,795	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,560,195	42,767	229,846	42,767	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,700,492	17,400	0	17,400	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	6,621,543	11,612	85,488	11,612	0 59.00
60.00	06000	LABORATORY	37,986,314	49,322	6,041	49,322	0 60.00
64.00	06400	INTRAVENOUS THERAPY	2,457,604	1,275	0	1,275	0 64.00
65.00	06500	RESPIRATORY THERAPY	5,122,990	6,412	571	6,412	0 65.00
66.00	06600	PHYSICAL THERAPY	9,822,779	7,738	59,233	7,738	0 66.00
69.00	06900	ELECTROCARDIOLOGY	2,618,528	3,989	18,923	3,989	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,906,838	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,443,061	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,527,458	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,412,012	588	0	588	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,835,682	9,699	2,248	9,699	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,177,447	9,490	2,742	9,490	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,521,028	5,911	0	5,911	0 90.02
90.03	09003	CHEMO	1,581,594	3,866	9,140	3,866	0 90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,584,029	0	827	0	0 90.04
90.05	09005	PAIN MANAGEMENT	3,376,498	0	36,860	0	0 90.05
90.06	09006	WOUND CARE	1,167,511	475	6,861	475	0 90.06
90.07	09007	SLEEP CENTER	3,208,059	6,986	0	6,986	0 90.07
90.08	09008	HEMATOLOGY	784,269	3,369	0	3,369	0 90.08
91.00	09100	EMERGENCY	24,680,208	51,088	530,353	51,088	7,815 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01	09201	OBSERVATION UNIT	1,071,120	0	0	0	5,505 92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	9,357,652	19,567	0	19,567	0 96.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	436,299,561	756,860	4,539,827	755,843	392,291 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,008,645	8,059	4,371	8,059	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,898,880	11,872	29,158	11,872	0 192.00
192.01	19201	DEACONESS URGENT CARE	227	0	5,143	0	0 192.01
192.02	19202	HEARTCARE	3,193	0	0	0	0 192.02
192.03	19203	FAMILY PHARMACY	13,728,963	1,818	0	1,818	0 192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,777,667	7,943	51,911	7,943	32,332 194.00
194.01	07951	OCCUPATIONAL HEALTH	1,100,026	10,878	10,352	10,878	0 194.01
194.02	07952	OTHER FACILITIES	4,201,836	56,850	4,039	56,850	0 194.02
194.03	07953	THE HEART HOSPITAL	1,110,672	53,032	252,930	53,032	0 194.03
194.04	07954	PR	1,834,205	4,618	0	4,618	0 194.04
194.05	07955	CHILD CARE CENTER	2,067,546	15,640	18,355	15,640	0 194.05
194.06	07956	CENTER OF LIFE BALANCE	39,238	0	0	0	0 194.06
194.07	07957	UNIT 3200 - DEACONESS VNA	344,162	7,008	2,570	7,008	0 194.07
194.08	07958	HEALTHSOUTH	253,587	13,145	0	13,145	0 194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.09	07959 HOME OFFICE	4,183,276	216,845	0	216,845	0	194.09
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)	81,900,411	18,060,509	1,442,779	6,778,599	2,897,747	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.169268	15.508334	0.293328	5.825786	6.824282	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,707,143	4,246,255	266,271	249,165	314,903	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.030396	3.646206	0.054135	0.214142	0.741606	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		CAFETERIA (DIRECT NURS. HRS.)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
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	28,044					11.00
13.00	01300	461	27,151				13.00
14.00	01400	552	552	61,450,370			14.00
15.00	01500	1,197	1,197	0	65,502,345		15.00
16.00	01600	941	941	1,477	0	2,076,001,184	16.00
17.00	01700	636	636	2,044	2	0	17.00
21.00	02100	238	238	0	0	0	21.00
22.00	02200	48	48	0	0	0	22.00
23.00	02300	34	34	0	0	0	23.00
23.01	02301	62	62	0	0	0	23.01
23.03	02303	71	71	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,138	8,138	2,260,716	24,063	156,582,133	30.00
31.00	03100	1,820	1,820	1,283,751	11,431	55,704,562	31.00
32.00	03200	429	429	303,513	3,187	12,720,972	32.00
40.00	04000	216	216	0	0	8,035,969	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,542	2,542	3,767,366	48,294	346,565,970	50.00
54.00	05400	1,762	1,762	2,192,267	19,247	301,175,039	54.00
55.00	05500	128	128	3,069	644	37,856,839	55.00
59.00	05900	217	217	80,320	3,129	53,598,884	59.00
60.00	06000	3,257	3,257	10,074,860	966	194,269,988	60.00
64.00	06400	91	91	531,438	109	5,740,738	64.00
65.00	06500	553	553	289,442	977	52,353,267	65.00
66.00	06600	0	0	242,129	7,158	70,556,754	66.00
69.00	06900	71	71	128,869	3,347	24,585,032	69.00
71.00	07100	0	0	19,239,548	0	29,046,487	71.00
72.00	07200	0	0	13,450,203	0	58,601,350	72.00
73.00	07300	0	0	2,131,143	52,810,393	275,787,235	73.00
74.00	07400	26	26	60,965	1,770	8,972,689	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	293	293	133,859	0	6,620,236	90.00
90.01	09001	208	208	13,207	99,324	4,671,811	90.01
90.02	09002	0	207	69	414	4,056,656	90.02
90.03	09003	0	153	234,072	459	20,844,042	90.03
90.04	09004	0	206	4,985	91,024	2,401,705	90.04
90.05	09005	0	404	29,746	5,454	36,413,649	90.05
90.06	09006	0	114	259,491	17,415	4,154,683	90.06
90.07	09007	0	351	66,982	0	9,105,885	90.07
90.08	09008	0	109	3,914	1,946	3,018,087	90.08
91.00	09100	1,931	1,931	1,087,468	3,618	243,554,194	91.00
92.00	09200						92.00
92.01	09201	146	146	39,231	81	2,731,641	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	672	0	3,230,938	74,219	25,865,652	96.00
SPECIAL PURPOSE COST CENTERS							
118.00		26,740	27,151	61,147,082	53,228,671	2,055,592,149	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	392	0	0	0	0	190.00
192.00	19200	0	0	39,507	124,268	1,579,090	192.00
192.01	19201	0	0	18	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	131	0	188,537	12,094,868	18,627,970	192.03
194.00	07950	226	0	18,940	46,461	0	194.00
194.01	07951	0	0	51,483	8,077	0	194.01
194.02	07952	17	0	1,085	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	103	0	1,319	0	0	194.04
194.05	07955	435	0	0	0	0	194.05
194.06	07956	0	0	34	0	0	194.06
194.07	07957	0	0	2,365	0	201,975	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description			CAFETERIA (DIRECT NURS. HRS.)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
194.08	07958	HEALTHSOUTH	0	0	0	0	0	194.08
194.09	07959	HOME OFFICE	0	0	0	0	0	194.09
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)	3,670,847	4,874,228	4,676,871	10,994,023	3,562,249	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	130.895985	179.522964	0.076108	0.167842	0.001716	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	286,492	671,656	468,884	501,771	279,642	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.215804	24.737800	0.007630	0.007660	0.000135	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-CHAPLAIN (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
1.01 00101						1.01
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						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
21.00 02100	220	53,521				21.00
22.00 02200	0		53,521			22.00
23.00 02300	0			100		23.00
23.01 02301	0				100	23.01
23.03 02303	1					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	180	27,702	27,702	0	100	30.00
31.00 03100	14	738	738	0	0	31.00
32.00 03200	9	0	0	0	0	32.00
40.00 04000	0	0	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	2,340	2,340	0	0	50.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
59.00 05900	0	752	752	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
69.00 06900	0	0	0	0	0	69.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	100	0	73.00
74.00 07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	29	29	0	0	90.00
90.01 09001	0	18,441	18,441	0	0	90.01
90.02 09002	0	0	0	0	0	90.02
90.03 09003	0	0	0	0	0	90.03
90.04 09004	0	690	690	0	0	90.04
90.05 09005	0	0	0	0	0	90.05
90.06 09006	0	0	0	0	0	90.06
90.07 09007	0	0	0	0	0	90.07
90.08 09008	0	0	0	0	0	90.08
91.00 09100	16	2,829	2,829	0	0	91.00
92.00 09200	0	0	0	0	0	92.00
92.01 09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
118.00						
	SUBTOTALS (SUM OF LINES 1 through 117)	220	53,521	53,521	100	100
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	0	192.00
192.01 19201	0	0	0	0	0	192.01
192.02 19202	0	0	0	0	0	192.02
192.03 19203	0	0	0	0	0	192.03
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	0	0	0	0	194.01
194.02 07952	0	0	0	0	0	194.02
194.03 07953	0	0	0	0	0	194.03
194.04 07954	0	0	0	0	0	194.04
194.05 07955	0	0	0	0	0	194.05
194.06 07956	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-CHAPLAIN (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		17.00	21.00				22.00
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	0	194.07
194.08 07958 HEALTHSOUTH	0	0	0	0	0	0	194.08
194.09 07959 HOME OFFICE	0	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,401,256	2,247,131	1,987,442	432,628	401,259		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	29,096.618182	41.985968	37.133873	4,326.280000	4,012.590000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	187,293	65,256	53,340	26,470	59,815		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	851.331818	1.219260	0.996618	264.700000	598.150000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		PARAMED PRGM-NURSING (ASSIGNED TIME)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
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
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM-PHARMACY	23.00
23.01	02301	PARAMED PRGM-CHAPLAIN	23.01
23.03	02303	PARAMED PRGM-NURSING	14,021
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	9,264
31.00	03100	INTENSIVE CARE UNIT	2,987
32.00	03200	CORONARY CARE UNIT	452
40.00	04000	SUBPROVIDER - IPF	0
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	576
54.00	05400	RADIOLOGY-DIAGNOSTIC	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0
59.00	05900	CARDIAC CATHETERIZATION	54
60.00	06000	LABORATORY	0
64.00	06400	INTRAVENOUS THERAPY	18
65.00	06500	RESPIRATORY THERAPY	0
66.00	06600	PHYSICAL THERAPY	0
69.00	06900	ELECTROCARDIOLOGY	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	66
90.01	09001	FAMILY PRACTICE CLINIC	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0
90.03	09003	CHEMO	0
90.04	09004	PRIMARY CARE FOR SENIORS	0
90.05	09005	PAIN MANAGEMENT	18
90.06	09006	WOUND CARE	47
90.07	09007	SLEEP CENTER	0
90.08	09008	HEMATOLOGY	0
91.00	09100	EMERGENCY	539
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
92.01	09201	OBSERVATION UNIT	0
OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,021
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	DEACONESS URGENT CARE	0
192.02	19202	HEARTCARE	0
192.03	19203	FAMILY PHARMACY	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	OCCUPATIONAL HEALTH	0
194.02	07952	OTHER FACILITIES	0
194.03	07953	THE HEART HOSPITAL	0
194.04	07954	PR	0
194.05	07955	CHILD CARE CENTER	0
194.06	07956	CENTER OF LIFE BALANCE	0
194.07	07957	UNIT 3200 - DEACONESS VNA	0
194.08	07958	HEALTHSOUTH	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		PARAMED ED PRGM-NURSING (ASSIGNED TIME)	
		23.03	
194.09	07959 HOME OFFICE	0	194.09
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)	834,218	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	59.497753	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	77,158	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.503031	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,742,622		95,742,622	939,240	96,681,862	30.00
31.00	03100	INTENSIVE CARE UNIT	22,907,915		22,907,915	134,466	23,042,381	31.00
32.00	03200	CORONARY CARE UNIT	5,406,778		5,406,778	0	5,406,778	32.00
40.00	04000	SUBPROVIDER - I/PF	1,896,240		1,896,240	0	1,896,240	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,160,588		76,160,588	1,278,470	77,439,058	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,931,119		30,931,119	199,281	31,130,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,972,387		5,972,387	0	5,972,387	55.00
59.00	05900	CARDIAC CATHETERIZATION	8,184,353		8,184,353	43,478	8,227,831	59.00
60.00	06000	LABORATORY	47,581,534		47,581,534	394,060	47,975,594	60.00
64.00	06400	INTRAVENOUS THERAPY	2,980,435		2,980,435	0	2,980,435	64.00
65.00	06500	RESPIRATORY THERAPY	6,410,801	0	6,410,801	0	6,410,801	65.00
66.00	06600	PHYSICAL THERAPY	11,808,623	0	11,808,623	0	11,808,623	66.00
69.00	06900	ELECTROCARDIOLOGY	3,227,012		3,227,012	0	3,227,012	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,267,150		14,267,150	0	14,267,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,181,305		19,181,305	0	19,181,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,519,801		72,519,801	0	72,519,801	73.00
74.00	07400	RENAL DIALYSIS	1,691,970		1,691,970	1,700	1,693,670	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,639,678		3,639,678	615	3,640,293	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,839,544		2,839,544	0	2,839,544	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,948,791		1,948,791	0	1,948,791	90.02
90.03	09003	CHEMO	2,015,592		2,015,592	0	2,015,592	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	1,909,157		1,909,157	28,897	1,938,054	90.04
90.05	09005	PAIN MANAGEMENT	4,098,106		4,098,106	2,282	4,100,388	90.05
90.06	09006	WOUND CARE	1,430,342		1,430,342	0	1,430,342	90.06
90.07	09007	SLEEP CENTER	3,983,858		3,983,858	1,935	3,985,793	90.07
90.08	09008	HEMATOLOGY	1,014,268		1,014,268	0	1,014,268	90.08
91.00	09100	EMERGENCY	31,754,939		31,754,939	1,750,842	33,505,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,587,529		14,587,529	0	14,587,529	92.00
92.01	09201	OBSERVATION UNIT	1,343,002		1,343,002	0	1,343,002	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,749,752		11,749,752	0	11,749,752	96.00
200.00		Subtotal (see instructions)	509,185,191	0	509,185,191	4,775,266	513,960,457	200.00
201.00		Less Observation Beds	14,587,529		14,587,529		14,587,529	201.00
202.00		Total (see instructions)	494,597,662	0	494,597,662	4,775,266	499,372,928	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,916,702		132,916,702		30.00
31.00	03100	INTENSIVE CARE UNIT	55,704,562		55,704,562		31.00
32.00	03200	CORONARY CARE UNIT	12,720,972		12,720,972		32.00
40.00	04000	SUBPROVIDER - IPF	8,035,969		8,035,969		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,420,075	209,145,895	346,565,970	0.219758	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,747,347	224,427,692	301,175,039	0.102701	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,770,263	36,086,576	37,856,839	0.157762	55.00
59.00	05900	CARDIAC CATHETERIZATION	33,827,434	19,771,450	53,598,884	0.152696	59.00
60.00	06000	LABORATORY	72,474,207	121,795,781	194,269,988	0.244925	60.00
64.00	06400	INTRAVENOUS THERAPY	5,591,639	149,099	5,740,738	0.519173	64.00
65.00	06500	RESPIRATORY THERAPY	47,616,597	4,736,670	52,353,267	0.122453	65.00
66.00	06600	PHYSICAL THERAPY	45,508,086	25,048,668	70,556,754	0.167363	66.00
69.00	06900	ELECTROCARDIOLOGY	14,259,614	10,325,418	24,585,032	0.131259	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,495,406	10,551,081	29,046,487	0.491183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,549,818	14,051,532	58,601,350	0.327318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,841,771	151,945,464	275,787,235	0.262956	73.00
74.00	07400	RENAL DIALYSIS	7,776,002	1,196,687	8,972,689	0.188569	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,138	6,602,098	6,620,236	0.549781	90.00
90.01	09001	FAMILY PRACTICE CLINIC	17,216	4,654,595	4,671,811	0.607804	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	3,621	4,053,035	4,056,656	0.480393	90.02
90.03	09003	CHEMO	200,731	20,643,311	20,844,042	0.096699	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	9,976	2,391,729	2,401,705	0.794917	90.04
90.05	09005	PAIN MANAGEMENT	33,756	36,379,893	36,413,649	0.112543	90.05
90.06	09006	WOUND CARE	19,527	4,135,156	4,154,683	0.344272	90.06
90.07	09007	SLEEP CENTER	12,100	9,093,785	9,105,885	0.437504	90.07
90.08	09008	HEMATOLOGY	22,082	2,996,005	3,018,087	0.336063	90.08
91.00	09100	EMERGENCY	82,968,306	160,585,888	243,554,194	0.130381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,406,557	20,258,874	23,665,431	0.616407	92.00
92.01	09201	OBSERVATION UNIT	744,608	1,987,033	2,731,641	0.491647	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	25,865,652	25,865,652	0.454261	96.00
200.00		Subtotal (see instructions)	926,713,082	1,128,879,067	2,055,592,149		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	926,713,082	1,128,879,067	2,055,592,149		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223447		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103363		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.157762		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.153508		59.00
60.00	06000 LABORATORY	0.246953		60.00
64.00	06400 INTRAVENOUS THERAPY	0.519173		64.00
65.00	06500 RESPIRATORY THERAPY	0.122453		65.00
66.00	06600 PHYSICAL THERAPY	0.167363		66.00
69.00	06900 ELECTROCARDIOLOGY	0.131259		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.327318		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262956		73.00
74.00	07400 RENAL DIALYSIS	0.188758		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.549874		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.607804		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.480393		90.02
90.03	09003 CHEMO	0.096699		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.806949		90.04
90.05	09005 PAIN MANAGEMENT	0.112606		90.05
90.06	09006 WOUND CARE	0.344272		90.06
90.07	09007 SLEEP CENTER	0.437716		90.07
90.08	09008 HEMATOLOGY	0.336063		90.08
91.00	09100 EMERGENCY	0.137570		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.616407		92.00
92.01	09201 OBSERVATION UNIT	0.491647		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.454261		96.00
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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	95,742,622	95,742,622	939,240	96,681,862	30.00
31.00	03100 INTENSIVE CARE UNIT	22,907,915	22,907,915	134,466	23,042,381	31.00
32.00	03200 CORONARY CARE UNIT	5,406,778	5,406,778	0	5,406,778	32.00
40.00	04000 SUBPROVIDER - I/PF	1,896,240	1,896,240	0	1,896,240	40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	76,160,588	76,160,588	1,278,470	77,439,058	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,931,119	30,931,119	199,281	31,130,400	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,972,387	5,972,387	0	5,972,387	55.00
59.00	05900 CARDIAC CATHETERIZATION	8,184,353	8,184,353	43,478	8,227,831	59.00
60.00	06000 LABORATORY	47,581,534	47,581,534	394,060	47,975,594	60.00
64.00	06400 INTRAVENOUS THERAPY	2,980,435	2,980,435	0	2,980,435	64.00
65.00	06500 RESPIRATORY THERAPY	6,410,801	6,410,801	0	6,410,801	65.00
66.00	06600 PHYSICAL THERAPY	11,808,623	11,808,623	0	11,808,623	66.00
69.00	06900 ELECTROCARDIOLOGY	3,227,012	3,227,012	0	3,227,012	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,267,150	14,267,150	0	14,267,150	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,181,305	19,181,305	0	19,181,305	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,519,801	72,519,801	0	72,519,801	73.00
74.00	07400 RENAL DIALYSIS	1,691,970	1,691,970	1,700	1,693,670	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,639,678	3,639,678	615	3,640,293	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,839,544	2,839,544	0	2,839,544	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,948,791	1,948,791	0	1,948,791	90.02
90.03	09003 CHEMO	2,015,592	2,015,592	0	2,015,592	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,909,157	1,909,157	28,897	1,938,054	90.04
90.05	09005 PAIN MANAGEMENT	4,098,106	4,098,106	2,282	4,100,388	90.05
90.06	09006 WOUND CARE	1,430,342	1,430,342	0	1,430,342	90.06
90.07	09007 SLEEP CENTER	3,983,858	3,983,858	1,935	3,985,793	90.07
90.08	09008 HEMATOLOGY	1,014,268	1,014,268	0	1,014,268	90.08
91.00	09100 EMERGENCY	31,754,939	31,754,939	1,750,842	33,505,781	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,587,529	14,587,529	0	14,587,529	92.00
92.01	09201 OBSERVATION UNIT	1,343,002	1,343,002	0	1,343,002	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,749,752	11,749,752	0	11,749,752	96.00
200.00	Subtotal (see instructions)	509,185,191	509,185,191	4,775,266	513,960,457	200.00
201.00	Less Observation Beds	14,587,529	14,587,529		14,587,529	201.00
202.00	Total (see instructions)	494,597,662	494,597,662	4,775,266	499,372,928	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,916,702		132,916,702		30.00
31.00	03100	INTENSIVE CARE UNIT	55,704,562		55,704,562		31.00
32.00	03200	CORONARY CARE UNIT	12,720,972		12,720,972		32.00
40.00	04000	SUBPROVIDER - IPF	8,035,969		8,035,969		40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,420,075	209,145,895	346,565,970	0.219758	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,747,347	224,427,692	301,175,039	0.102701	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,770,263	36,086,576	37,856,839	0.157762	55.00
59.00	05900	CARDIAC CATHETERIZATION	33,827,434	19,771,450	53,598,884	0.152696	59.00
60.00	06000	LABORATORY	72,474,207	121,795,781	194,269,988	0.244925	60.00
64.00	06400	INTRAVENOUS THERAPY	5,591,639	149,099	5,740,738	0.519173	64.00
65.00	06500	RESPIRATORY THERAPY	47,616,597	4,736,670	52,353,267	0.122453	65.00
66.00	06600	PHYSICAL THERAPY	45,508,086	25,048,668	70,556,754	0.167363	66.00
69.00	06900	ELECTROCARDIOLOGY	14,259,614	10,325,418	24,585,032	0.131259	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,495,406	10,551,081	29,046,487	0.491183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,549,818	14,051,532	58,601,350	0.327318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,841,771	151,945,464	275,787,235	0.262956	73.00
74.00	07400	RENAL DIALYSIS	7,776,002	1,196,687	8,972,689	0.188569	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	18,138	6,602,098	6,620,236	0.549781	90.00
90.01	09001	FAMILY PRACTICE CLINIC	17,216	4,654,595	4,671,811	0.607804	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	3,621	4,053,035	4,056,656	0.480393	90.02
90.03	09003	CHEMO	200,731	20,643,311	20,844,042	0.096699	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	9,976	2,391,729	2,401,705	0.794917	90.04
90.05	09005	PAIN MANAGEMENT	33,756	36,379,893	36,413,649	0.112543	90.05
90.06	09006	WOUND CARE	19,527	4,135,156	4,154,683	0.344272	90.06
90.07	09007	SLEEP CENTER	12,100	9,093,785	9,105,885	0.437504	90.07
90.08	09008	HEMATOLOGY	22,082	2,996,005	3,018,087	0.336063	90.08
91.00	09100	EMERGENCY	82,968,306	160,585,888	243,554,194	0.130381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,406,557	20,258,874	23,665,431	0.616407	92.00
92.01	09201	OBSERVATION UNIT	744,608	1,987,033	2,731,641	0.491647	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	25,865,652	25,865,652	0.454261	96.00
200.00		Subtotal (see instructions)	926,713,082	1,128,879,067	2,055,592,149		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	926,713,082	1,128,879,067	2,055,592,149		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/26/2018 2:33 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223447		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103363		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.157762		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.153508		59.00
60.00	06000 LABORATORY	0.246953		60.00
64.00	06400 INTRAVENOUS THERAPY	0.519173		64.00
65.00	06500 RESPIRATORY THERAPY	0.122453		65.00
66.00	06600 PHYSICAL THERAPY	0.167363		66.00
69.00	06900 ELECTROCARDIOLOGY	0.131259		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.327318		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262956		73.00
74.00	07400 RENAL DIALYSIS	0.188758		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.549874		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.607804		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.480393		90.02
90.03	09003 CHEMO	0.096699		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.806949		90.04
90.05	09005 PAIN MANAGEMENT	0.112606		90.05
90.06	09006 WOUND CARE	0.344272		90.06
90.07	09007 SLEEP CENTER	0.437716		90.07
90.08	09008 HEMATOLOGY	0.336063		90.08
91.00	09100 EMERGENCY	0.137570		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.616407		92.00
92.01	09201 OBSERVATION UNIT	0.491647		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.454261		96.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	76,160,588	8,295,631	67,864,957	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,931,119	4,365,601	26,565,518	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,972,387	577,468	5,394,919	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	8,184,353	735,289	7,449,064	0	0	59.00
60.00	06000 LABORATORY	47,581,534	3,583,261	43,998,273	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	2,980,435	120,720	2,859,715	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,410,801	376,655	6,034,146	0	0	65.00
66.00	06600 PHYSICAL THERAPY	11,808,623	525,947	11,282,676	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	3,227,012	194,819	3,032,193	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,267,150	482,262	13,784,888	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,181,305	579,943	18,601,362	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,519,801	2,085,062	70,434,739	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,691,970	65,692	1,626,278	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,639,678	363,608	3,276,070	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,839,544	342,441	2,497,103	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,948,791	189,445	1,759,346	0	0	90.02
90.03	09003 CHEMO	2,015,592	166,112	1,849,480	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,909,157	75,533	1,833,624	0	0	90.04
90.05	09005 PAIN MANAGEMENT	4,098,106	235,188	3,862,918	0	0	90.05
90.06	09006 WOUND CARE	1,430,342	64,482	1,365,860	0	0	90.06
90.07	09007 SLEEP CENTER	3,983,858	376,709	3,607,149	0	0	90.07
90.08	09008 HEMATOLOGY	1,014,268	109,230	905,038	0	0	90.08
91.00	09100 EMERGENCY	31,754,939	2,528,864	29,226,075	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,587,529	1,695,538	12,891,991	0	0	92.00
92.01	09201 OBSERVATION UNIT	1,343,002	46,200	1,296,802	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,749,752	1,072,032	10,677,720	0	0	96.00
200.00	Subtotal (sum of lines 50 thru 199)	383,231,636	29,253,732	353,977,904	0	0	200.00
201.00	Less Observation Beds	14,587,529	1,695,538	12,891,991	0	0	201.00
202.00	Total (Line 200 minus Line 201)	368,644,107	27,558,194	341,085,913	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0082

Period: From 10/01/2016 To 09/30/2017

Worksheet C Part II Date/Time Prepared: 2/26/2018 2:33 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	76,160,588	346,565,970	0.219758		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,931,119	301,175,039	0.102701		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,972,387	37,856,839	0.157762		55.00
59.00	05900 CARDIAC CATHETERIZATION	8,184,353	53,598,884	0.152696		59.00
60.00	06000 LABORATORY	47,581,534	194,269,988	0.244925		60.00
64.00	06400 INTRAVENOUS THERAPY	2,980,435	5,740,738	0.519173		64.00
65.00	06500 RESPIRATORY THERAPY	6,410,801	52,353,267	0.122453		65.00
66.00	06600 PHYSICAL THERAPY	11,808,623	70,556,754	0.167363		66.00
69.00	06900 ELECTROCARDIOLOGY	3,227,012	24,585,032	0.131259		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,267,150	29,046,487	0.491183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,181,305	58,601,350	0.327318		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,519,801	275,787,235	0.262956		73.00
74.00	07400 RENAL DIALYSIS	1,691,970	8,972,689	0.188569		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,639,678	6,620,236	0.549781		90.00
90.01	09001 FAMILY PRACTICE CLINIC	2,839,544	4,671,811	0.607804		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,948,791	4,056,656	0.480393		90.02
90.03	09003 CHEMO	2,015,592	20,844,042	0.096699		90.03
90.04	09004 PRIMARY CARE FOR SENIORS	1,909,157	2,401,705	0.794917		90.04
90.05	09005 PAIN MANAGEMENT	4,098,106	36,413,649	0.112543		90.05
90.06	09006 WOUND CARE	1,430,342	4,154,683	0.344272		90.06
90.07	09007 SLEEP CENTER	3,983,858	9,105,885	0.437504		90.07
90.08	09008 HEMATOLOGY	1,014,268	3,018,087	0.336063		90.08
91.00	09100 EMERGENCY	31,754,939	243,554,194	0.130381		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,587,529	23,665,431	0.616407		92.00
92.01	09201 OBSERVATION UNIT	1,343,002	2,731,641	0.491647		92.01
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11,749,752	25,865,652	0.454261		96.00
200.00	Subtotal (sum of lines 50 thru 199)	383,231,636	1,846,213,944			200.00
201.00	Less Observation Beds	14,587,529	0			201.00
202.00	Total (line 200 minus line 201)	368,644,107	1,846,213,944			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,237,560	0	11,237,560	114,713	97.96	30.00	
31.00	INTENSIVE CARE UNIT	2,279,687		2,279,687	16,868	135.15	31.00	
32.00	CORONARY CARE UNIT	442,941		442,941	3,898	113.63	32.00	
40.00	SUBPROVIDER - IPF	173,319	0	173,319	3,528	49.13	40.00	
200.00	Total (lines 30 through 199)	14,133,507		14,133,507	139,007		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	44,012	4,311,416					30.00
31.00	INTENSIVE CARE UNIT	7,701	1,040,790					31.00
32.00	CORONARY CARE UNIT	1,976	224,533					32.00
40.00	SUBPROVIDER - IPF	1,403	68,929					40.00
200.00	Total (lines 30 through 199)	55,092	5,645,668					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,295,631	346,565,970	0.023937	55,026,295	1,317,164	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,365,601	301,175,039	0.014495	37,208,389	539,336	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	577,468	37,856,839	0.015254	719,052	10,968	55.00
59.00	05900	CARDIAC CATHETERIZATION	735,289	53,598,884	0.013718	16,420,829	225,261	59.00
60.00	06000	LABORATORY	3,583,261	194,269,988	0.018445	37,249,058	687,059	60.00
64.00	06400	INTRAVENOUS THERAPY	120,720	5,740,738	0.021029	2,662,874	55,998	64.00
65.00	06500	RESPIRATORY THERAPY	376,655	52,353,267	0.007194	24,501,821	176,266	65.00
66.00	06600	PHYSICAL THERAPY	525,947	70,556,754	0.007454	24,709,210	184,182	66.00
69.00	06900	ELECTROCARDIOLOGY	194,819	24,585,032	0.007924	7,565,436	59,949	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,262	29,046,487	0.016603	7,779,618	129,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,943	58,601,350	0.009896	18,347,604	181,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,062	275,787,235	0.007560	57,325,384	433,380	73.00
74.00	07400	RENAL DIALYSIS	65,692	8,972,689	0.007321	4,103,527	30,042	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	363,608	6,620,236	0.054924	8,437	463	90.00
90.01	09001	FAMILY PRACTICE CLINIC	342,441	4,671,811	0.073299	8,644	634	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	189,445	4,056,656	0.046700	584	27	90.02
90.03	09003	CHEMO	166,112	20,844,042	0.007969	91,352	728	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	75,533	2,401,705	0.031450	4,807	151	90.04
90.05	09005	PAIN MANAGEMENT	235,188	36,413,649	0.006459	1,349	9	90.05
90.06	09006	WOUND CARE	64,482	4,154,683	0.015520	7,042	109	90.06
90.07	09007	SLEEP CENTER	376,709	9,105,885	0.041370	10,257	424	90.07
90.08	09008	HEMATOLOGY	109,230	3,018,087	0.036192	10,668	386	90.08
91.00	09100	EMERGENCY	2,528,864	243,554,194	0.010383	40,355,696	419,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,695,538	23,665,431	0.071646	178,318	12,776	92.00
92.01	09201	OBSERVATION UNIT	46,200	2,731,641	0.016913	134,470	2,274	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,072,032	25,865,652	0.041446	0	0	96.00
200.00		Total (lines 50 through 199)	29,253,732	1,846,213,944		334,430,721	4,467,332	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/26/2018 2:33 pm
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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	952,446	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	177,720	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	26,893	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,157,059	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	952,446	114,713	8.30	44,012	30.00	
31.00	03100	INTENSIVE CARE UNIT		177,720	16,868	10.54	7,701	31.00	
32.00	03200	CORONARY CARE UNIT		26,893	3,898	6.90	1,976	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,528	0.00	1,403	40.00	
200.00		Total (lines 30 through 199)		1,157,059	139,007		55,092	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	365,300						30.00
31.00	03100	INTENSIVE CARE UNIT	81,169						31.00
32.00	03200	CORONARY CARE UNIT	13,634						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	460,103						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/26/2018 2:33 pm

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	34,271	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	3,213	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,071	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	432,628	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	3,927	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	CHEMO	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	1,071	90.05
90.06	09006	WOUND CARE	0	0	0	0	2,796	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008	HEMATOLOGY	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	32,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	143,702	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	654,748	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
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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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,271	34,271	346,565,970	0.000099	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	301,175,039	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	37,856,839	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	3,213	53,598,884	0.000060	59.00
60.00	06000	LABORATORY	0	0	0	194,269,988	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,071	1,071	5,740,738	0.000187	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,353,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	70,556,754	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,585,032	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,046,487	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,601,350	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	432,628	432,628	275,787,235	0.001569	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,972,689	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,927	3,927	6,620,236	0.000593	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,671,811	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,056,656	0.000000	90.02
90.03	09003	CHEMO	0	0	0	20,844,042	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,401,705	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	1,071	1,071	36,413,649	0.000029	90.05
90.06	09006	WOUND CARE	0	2,796	2,796	4,154,683	0.000673	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,105,885	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,018,087	0.000000	90.08
91.00	09100	EMERGENCY	0	32,069	32,069	243,554,194	0.000132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	143,702	143,702	23,665,431	0.006072	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	2,731,641	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	25,865,652	0.000000	96.00
200.00		Total (lines 50 through 199)	0	654,748	654,748	1,846,213,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000099	55,026,295	5,448	37,003,753	3,663	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	37,208,389	0	61,514,636	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	719,052	0	13,813,292	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000060	16,420,829	985	7,962,991	478	59.00
60.00	06000 LABORATORY	0.000000	37,249,058	0	12,640,857	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000187	2,662,874	498	8,508	2	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	24,501,821	0	827,607	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	24,709,210	0	1,197,055	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,565,436	0	2,576,844	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,779,618	0	3,129,882	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,347,604	0	4,477,826	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001569	57,325,384	89,944	50,088,984	78,590	73.00
74.00	07400 RENAL DIALYSIS	0.000000	4,103,527	0	622,878	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000593	8,437	5	2,156,680	1,279	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	8,644	0	435,551	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	584	0	208,469	0	90.02
90.03	09003 CHEMO	0.000000	91,352	0	7,225,467	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	4,807	0	1,410,608	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000029	1,349	0	14,184,338	411	90.05
90.06	09006 WOUND CARE	0.000673	7,042	5	1,649,136	1,110	90.06
90.07	09007 SLEEP CENTER	0.000000	10,257	0	2,676,835	0	90.07
90.08	09008 HEMATOLOGY	0.000000	10,668	0	1,194,968	0	90.08
91.00	09100 EMERGENCY	0.000132	40,355,696	5,327	30,284,613	3,998	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.006072	178,318	1,083	3,546,375	21,534	92.00
92.01	09201 OBSERVATION UNIT	0.000000	134,470	0	301,648	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		334,430,721	103,295	261,139,801	111,065	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.219758	37,003,753	0	5	8,131,871	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.102701	61,514,636	10	27,600	6,317,615	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.157762	13,813,292	0	0	2,179,213	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.152696	7,962,991	0	0	1,215,917	59.00
60.00 06000 LABORATORY	0.244925	12,640,857	594	0	3,096,062	60.00
64.00 06400 INTRAVENOUS THERAPY	0.519173	8,508	0	0	4,417	64.00
65.00 06500 RESPIRATORY THERAPY	0.122453	827,607	0	0	101,343	65.00
66.00 06600 PHYSICAL THERAPY	0.167363	1,197,055	253	0	200,343	66.00
69.00 06900 ELECTROCARDIOLOGY	0.131259	2,576,844	0	0	338,234	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	3,129,882	0	0	1,537,345	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.327318	4,477,826	4,464	0	1,465,673	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.262956	50,088,984	90	539,424	13,171,199	73.00
74.00 07400 RENAL DIALYSIS	0.188569	622,878	0	0	117,455	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.549781	2,156,680	0	0	1,185,702	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0.607804	435,551	0	27	264,730	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.480393	208,469	0	0	100,147	90.02
90.03 09003 CHEMO	0.096699	7,225,467	0	0	698,695	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0.794917	1,410,608	0	118	1,121,316	90.04
90.05 09005 PAIN MANAGEMENT	0.112543	14,184,338	0	0	1,596,348	90.05
90.06 09006 WOUND CARE	0.344272	1,649,136	0	0	567,751	90.06
90.07 09007 SLEEP CENTER	0.437504	2,676,835	0	0	1,171,126	90.07
90.08 09008 HEMATOLOGY	0.336063	1,194,968	0	0	401,585	90.08
91.00 09100 EMERGENCY	0.130381	30,284,613	0	43	3,948,538	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	3,546,375	0	35	2,186,010	92.00
92.01 09201 OBSERVATION UNIT	0.491647	301,648	0	3	148,304	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.454261	0	0	0	0	96.00
200.00 Subtotal (see instructions)		261,139,801	5,411	567,255	51,266,939	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)		261,139,801	5,411	567,255	51,266,939	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	1		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1	2,835		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	145	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	42	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,461	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24	141,845		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	16		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		90.02
90.03 09003 CHEMO	0	0		90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	94		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
90.06 09006 WOUND CARE	0	0		90.06
90.07 09007 SLEEP CENTER	0	0		90.07
90.08 09008 HEMATOLOGY	0	0		90.08
91.00 09100 EMERGENCY	0	6		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22		92.00
92.01 09201 OBSERVATION UNIT	0	1		92.01
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	1,673	144,820		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,673	144,820		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/26/2018 2:33 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,295,631	346,565,970	0.023937	23,050	552	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,365,601	301,175,039	0.014495	38,359	556	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	577,468	37,856,839	0.015254	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	735,289	53,598,884	0.013718	0	0	59.00
60.00	06000	LABORATORY	3,583,261	194,269,988	0.018445	164,622	3,036	60.00
64.00	06400	INTRAVENOUS THERAPY	120,720	5,740,738	0.021029	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,655	52,353,267	0.007194	9,163	66	65.00
66.00	06600	PHYSICAL THERAPY	525,947	70,556,754	0.007454	1,098	8	66.00
69.00	06900	ELECTROCARDIOLOGY	194,819	24,585,032	0.007924	3,316	26	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,262	29,046,487	0.016603	343	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,943	58,601,350	0.009896	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,062	275,787,235	0.007560	249,461	1,886	73.00
74.00	07400	RENAL DIALYSIS	65,692	8,972,689	0.007321	2,252	16	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	363,608	6,620,236	0.054924	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	342,441	4,671,811	0.073299	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	189,445	4,056,656	0.046700	914	43	90.02
90.03	09003	CHEMO	166,112	20,844,042	0.007969	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	75,533	2,401,705	0.031450	0	0	90.04
90.05	09005	PAIN MANAGEMENT	235,188	36,413,649	0.006459	0	0	90.05
90.06	09006	WOUND CARE	64,482	4,154,683	0.015520	0	0	90.06
90.07	09007	SLEEP CENTER	376,709	9,105,885	0.041370	0	0	90.07
90.08	09008	HEMATOLOGY	109,230	3,018,087	0.036192	0	0	90.08
91.00	09100	EMERGENCY	2,528,864	243,554,194	0.010383	337,322	3,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,665,431	0.000000	0	0	92.00
92.01	09201	OBSERVATION UNIT	46,200	2,731,641	0.016913	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,072,032	25,865,652	0.041446	0	0	96.00
200.00		Total (lines 50 through 199)	27,558,194	1,846,213,944		829,900	9,697	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	34,271	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	3,213	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	1,071	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	432,628	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	3,927	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 CHEMO	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	1,071	90.05
90.06 09006 WOUND CARE	0	0	0	0	2,796	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08
91.00 09100 EMERGENCY	0	0	0	0	32,069	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50 through 199)	0	0	0	0	511,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,271	34,271	346,565,970	0.000099	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	301,175,039	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	37,856,839	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	3,213	53,598,884	0.000060	59.00
60.00	06000	LABORATORY	0	0	0	194,269,988	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,071	1,071	5,740,738	0.000187	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,353,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	70,556,754	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,585,032	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,046,487	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,601,350	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	432,628	432,628	275,787,235	0.001569	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,972,689	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,927	3,927	6,620,236	0.000593	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,671,811	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,056,656	0.000000	90.02
90.03	09003	CHEMO	0	0	0	20,844,042	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,401,705	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	1,071	1,071	36,413,649	0.000029	90.05
90.06	09006	WOUND CARE	0	2,796	2,796	4,154,683	0.000673	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,105,885	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,018,087	0.000000	90.08
91.00	09100	EMERGENCY	0	32,069	32,069	243,554,194	0.000132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,665,431	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	2,731,641	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	25,865,652	0.000000	96.00
200.00		Total (lines 50 through 199)	0	511,046	511,046	1,846,213,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000099	23,050		2	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	38,359		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0		0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000060	0		0	0	59.00
60.00	06000 LABORATORY	0.000000	164,622		0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000187	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,163		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,098		0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,316		0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	343		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001569	249,461		391	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,252		0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000593	0		0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	0		0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	914		0	0	90.02
90.03	09003 CHEMO	0.000000	0		0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0		0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000029	0		0	0	90.05
90.06	09006 WOUND CARE	0.000673	0		0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0		0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0		0	0	90.08
91.00	09100 EMERGENCY	0.000132	337,322		45	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
92.01	09201 OBSERVATION UNIT	0.000000	0		0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0		0	0	96.00
200.00	Total (lines 50 through 199)		829,900		438	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	11,237,560	0	11,237,560	114,713	97.96	30.00
31.00	INTENSIVE CARE UNIT	2,279,687		2,279,687	16,868	135.15	31.00
32.00	CORONARY CARE UNIT	442,941		442,941	3,898	113.63	32.00
40.00	SUBPROVIDER - IPF	173,319	0	173,319	3,528	49.13	40.00
200.00	Total (lines 30 through 199)	14,133,507		14,133,507	139,007		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,622	354,811				
31.00	INTENSIVE CARE UNIT	880	118,932				
32.00	CORONARY CARE UNIT	220	24,999				
40.00	SUBPROVIDER - IPF	108	5,306				
200.00	Total (lines 30 through 199)	4,830	504,048				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,295,631	346,565,970	0.023937	3,924,263	93,935	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,365,601	301,175,039	0.014495	2,503,543	36,289	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	577,468	37,856,839	0.015254	65,487	999	55.00
59.00	05900 CARDIAC CATHETERIZATION	735,289	53,598,884	0.013718	846,142	11,607	59.00
60.00	06000 LABORATORY	3,583,261	194,269,988	0.018445	2,492,021	45,965	60.00
64.00	06400 INTRAVENOUS THERAPY	120,720	5,740,738	0.021029	317,021	6,667	64.00
65.00	06500 RESPIRATORY THERAPY	376,655	52,353,267	0.007194	2,346,135	16,878	65.00
66.00	06600 PHYSICAL THERAPY	525,947	70,556,754	0.007454	1,535,532	11,446	66.00
69.00	06900 ELECTROCARDIOLOGY	194,819	24,585,032	0.007924	392,795	3,113	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	482,262	29,046,487	0.016603	610,366	10,134	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	579,943	58,601,350	0.009896	1,007,765	9,973	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,085,062	275,787,235	0.007560	4,556,110	34,444	73.00
74.00	07400 RENAL DIALYSIS	65,692	8,972,689	0.007321	203,238	1,488	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	363,608	6,620,236	0.054924	318	17	90.00
90.01	09001 FAMILY PRACTICE CLINIC	342,441	4,671,811	0.073299	1,448	106	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	189,445	4,056,656	0.046700	0	0	90.02
90.03	09003 CHEMO	166,112	20,844,042	0.007969	4,106	33	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	75,533	2,401,705	0.031450	0	0	90.04
90.05	09005 PAIN MANAGEMENT	235,188	36,413,649	0.006459	0	0	90.05
90.06	09006 WOUND CARE	64,482	4,154,683	0.015520	1,948	30	90.06
90.07	09007 SLEEP CENTER	376,709	9,105,885	0.041370	0	0	90.07
90.08	09008 HEMATOLOGY	109,230	3,018,087	0.036192	0	0	90.08
91.00	09100 EMERGENCY	2,528,864	243,554,194	0.010383	2,804,740	29,122	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,695,538	23,665,431	0.071646	32,508	2,329	92.00
92.01	09201 OBSERVATION UNIT	46,200	2,731,641	0.016913	3,926	66	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	1,072,032	25,865,652	0.041446	0	0	96.00
200.00	Total (lines 50 through 199)	29,253,732	1,846,213,944		23,649,412	314,641	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description			Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	952,446	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	177,720	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	26,893	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
200.00		Total (lines 30 through 199)	0	0	0	1,157,059	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	952,446	114,713	8.30	3,622	30.00	
31.00	03100	INTENSIVE CARE UNIT		177,720	16,868	10.54	880	31.00	
32.00	03200	CORONARY CARE UNIT		26,893	3,898	6.90	220	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,528	0.00	108	40.00	
200.00		Total (lines 30 through 199)		1,157,059	139,007		4,830	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	30,063						30.00
31.00	03100	INTENSIVE CARE UNIT	9,275						31.00
32.00	03200	CORONARY CARE UNIT	1,518						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
200.00		Total (lines 30 through 199)	40,856						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description	Title XIX			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		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	34,271	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	3,213	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	1,071	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	432,628	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	3,927	90.00	
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01	
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	
90.03 09003 CHEMO	0	0	0	0	0	90.03	
90.04 09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	0	0	1,071	90.05	
90.06 09006 WOUND CARE	0	0	0	0	2,796	90.06	
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07	
90.08 09008 HEMATOLOGY	0	0	0	0	0	90.08	
91.00 09100 EMERGENCY	0	0	0	0	32,069	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION UNIT	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
200.00 Total (lines 50 through 199)	0	0	0	0	511,046	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
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Cost Center Description	Title XIX			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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,271	34,271	346,565,970	0.000099	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	301,175,039	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	37,856,839	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	3,213	53,598,884	0.000060	59.00
60.00	06000	LABORATORY	0	0	0	194,269,988	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,071	1,071	5,740,738	0.000187	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,353,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	70,556,754	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,585,032	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,046,487	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,601,350	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	432,628	432,628	275,787,235	0.001569	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,972,689	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,927	3,927	6,620,236	0.000593	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,671,811	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,056,656	0.000000	90.02
90.03	09003	CHEMO	0	0	0	20,844,042	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,401,705	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	1,071	1,071	36,413,649	0.000029	90.05
90.06	09006	WOUND CARE	0	2,796	2,796	4,154,683	0.000673	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,105,885	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,018,087	0.000000	90.08
91.00	09100	EMERGENCY	0	32,069	32,069	243,554,194	0.000132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,665,431	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	2,731,641	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	25,865,652	0.000000	96.00
200.00		Total (lines 50 through 199)	0	511,046	511,046	1,846,213,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		Title XIX			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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000099	3,924,263	389	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,503,543	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	65,487	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000060	846,142	51	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,492,021	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000187	317,021	59	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,346,135	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,535,532	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	392,795	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	610,366	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,007,765	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001569	4,556,110	7,149	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	203,238	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000593	318	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000	1,448	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	0	90.02
90.03	09003 CHEMO	0.000000	4,106	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000029	0	0	0	0	90.05
90.06	09006 WOUND CARE	0.000673	1,948	1	0	0	90.06
90.07	09007 SLEEP CENTER	0.000000	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0.000000	0	0	0	0	90.08
91.00	09100 EMERGENCY	0.000132	2,804,740	370	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	32,508	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0.000000	3,926	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Total (lines 50 through 199)		23,649,412	8,019	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/26/2018 2:33 pm
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		Title XIX			Hospital	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.219758	0	0	2,918,610	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102701	0	0	3,704,630	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.157762	0	0	846,967	0
59.00	05900 CARDIAC CATHETERIZATION	0.152696	0	0	318,436	0
60.00	06000 LABORATORY	0.244925	0	0	2,041,065	0
64.00	06400 INTRAVENOUS THERAPY	0.519173	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.122453	0	0	154,099	0
66.00	06600 PHYSICAL THERAPY	0.167363	0	0	146,275	0
69.00	06900 ELECTROCARDIOLOGY	0.131259	0	0	149,055	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	0	0	233,253	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.327318	0	0	213,839	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262956	0	0	2,455,227	0
74.00	07400 RENAL DIALYSIS	0.188569	0	0	265,736	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.549781	0	0	124,883	0
90.01	09001 FAMILY PRACTICE CLINIC	0.607804	0	0	239,894	0
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.480393	0	0	0	0
90.03	09003 CHEMO	0.096699	0	0	236,390	0
90.04	09004 PRIMARY CARE FOR SENIORS	0.794917	0	0	694	0
90.05	09005 PAIN MANAGEMENT	0.112543	0	0	230,476	0
90.06	09006 WOUND CARE	0.344272	0	0	153,841	0
90.07	09007 SLEEP CENTER	0.437504	0	0	176,851	0
90.08	09008 HEMATOLOGY	0.336063	0	0	35,875	0
91.00	09100 EMERGENCY	0.130381	0	0	4,836,041	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	0	0	938,003	0
92.01	09201 OBSERVATION UNIT	0.491647	0	0	10,145	0
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.454261	0	0	0	0
200.00	Subtotal (see instructions)		0	0	20,430,285	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	20,430,285	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/26/2018 2:33 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	641,388	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	380,469	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	133,619	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,624	59.00
60.00	06000 LABORATORY	0	499,908	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	18,870	65.00
66.00	06600 PHYSICAL THERAPY	0	24,481	66.00
69.00	06900 ELECTROCARDIOLOGY	0	19,565	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	114,570	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	69,993	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	645,617	73.00
74.00	07400 RENAL DIALYSIS	0	50,110	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	68,658	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	145,809	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	90.02
90.03	09003 CHEMO	0	22,859	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	552	90.04
90.05	09005 PAIN MANAGEMENT	0	25,938	90.05
90.06	09006 WOUND CARE	0	52,963	90.06
90.07	09007 SLEEP CENTER	0	77,373	90.07
90.08	09008 HEMATOLOGY	0	12,056	90.08
91.00	09100 EMERGENCY	0	630,528	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	578,192	92.00
92.01	09201 OBSERVATION UNIT	0	4,988	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	0	4,267,130	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	4,267,130	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/26/2018 2:33 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,295,631	346,565,970	0.023937	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,365,601	301,175,039	0.014495	2,307	33	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	577,468	37,856,839	0.015254	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	735,289	53,598,884	0.013718	0	0	59.00
60.00	06000	LABORATORY	3,583,261	194,269,988	0.018445	15,408	284	60.00
64.00	06400	INTRAVENOUS THERAPY	120,720	5,740,738	0.021029	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,655	52,353,267	0.007194	0	0	65.00
66.00	06600	PHYSICAL THERAPY	525,947	70,556,754	0.007454	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	194,819	24,585,032	0.007924	288	2	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,262	29,046,487	0.016603	247	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	579,943	58,601,350	0.009896	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,062	275,787,235	0.007560	23,599	178	73.00
74.00	07400	RENAL DIALYSIS	65,692	8,972,689	0.007321	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	363,608	6,620,236	0.054924	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	342,441	4,671,811	0.073299	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	189,445	4,056,656	0.046700	0	0	90.02
90.03	09003	CHEMO	166,112	20,844,042	0.007969	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	75,533	2,401,705	0.031450	0	0	90.04
90.05	09005	PAIN MANAGEMENT	235,188	36,413,649	0.006459	0	0	90.05
90.06	09006	WOUND CARE	64,482	4,154,683	0.015520	0	0	90.06
90.07	09007	SLEEP CENTER	376,709	9,105,885	0.041370	0	0	90.07
90.08	09008	HEMATOLOGY	109,230	3,018,087	0.036192	0	0	90.08
91.00	09100	EMERGENCY	2,528,864	243,554,194	0.010383	45,574	473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,665,431	0.000000	0	0	92.00
92.01	09201	OBSERVATION UNIT	46,200	2,731,641	0.016913	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,072,032	25,865,652	0.041446	0	0	96.00
200.00		Total (lines 50 through 199)	27,558,194	1,846,213,944		87,423	974	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	34,271	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	3,213	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	1,071	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	432,628	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	3,927	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 CHEMO	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	1,071	90.05
90.06	09006 WOUND CARE	0	0	0	0	2,796	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
90.08	09008 HEMATOLOGY	0	0	0	0	0	90.08
91.00	09100 EMERGENCY	0	0	0	0	32,069	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION UNIT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	0	0	511,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm				
Title XIX			Subprovider - IPF	PPS				
Cost Center Description	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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,271	34,271	346,565,970	0.000099	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	301,175,039	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	37,856,839	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213	3,213	53,598,884	0.000060	59.00
60.00	06000	LABORATORY	0	0	0	194,269,988	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,071	1,071	5,740,738	0.000187	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,353,267	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	70,556,754	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,585,032	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,046,487	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	58,601,350	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	432,628	432,628	275,787,235	0.001569	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,972,689	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,927	3,927	6,620,236	0.000593	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	4,671,811	0.000000	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	4,056,656	0.000000	90.02
90.03	09003	CHEMO	0	0	0	20,844,042	0.000000	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0	0	0	2,401,705	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	1,071	1,071	36,413,649	0.000029	90.05
90.06	09006	WOUND CARE	0	2,796	2,796	4,154,683	0.000673	90.06
90.07	09007	SLEEP CENTER	0	0	0	9,105,885	0.000000	90.07
90.08	09008	HEMATOLOGY	0	0	0	3,018,087	0.000000	90.08
91.00	09100	EMERGENCY	0	32,069	32,069	243,554,194	0.000132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,665,431	0.000000	92.00
92.01	09201	OBSERVATION UNIT	0	0	0	2,731,641	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	25,865,652	0.000000	96.00
200.00		Total (lines 50 through 199)	0	511,046	511,046	1,846,213,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000099	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,307	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.000060	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	15,408	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000187	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	288	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	247	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001569	23,599	37	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000593	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.000000	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.000000	0	0	0	90.02
90.03	09003	CHEMO	0.000000	0	0	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.000000	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.000029	0	0	0	90.05
90.06	09006	WOUND CARE	0.000673	0	0	0	90.06
90.07	09007	SLEEP CENTER	0.000000	0	0	0	90.07
90.08	09008	HEMATOLOGY	0.000000	0	0	0	90.08
91.00	09100	EMERGENCY	0.000132	45,574	6	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION UNIT	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
200.00		Total (lines 50 through 199)		87,423	43	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		114,713	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,713	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)		97,405	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)		44,012	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		96,681,862	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)		96,681,862	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		96,681,862	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		842.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		37,094,194	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)		37,094,194	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm		
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	23,042,381	16,868	1,366.04	7,701	10,519,874	43.00	
44.00	5,406,778	3,898	1,387.06	1,976	2,740,831	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				68,922,264	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				119,277,163	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)				6,036,842	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				4,570,627	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				10,607,469	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				108,669,694	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)				17,308	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				842.82	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)				14,587,529	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,237,560	96,681,862	0.116232	14,587,529	1,695,538	90.00
91.00	Nursing School cost	0	96,681,862	0.000000	14,587,529	0	91.00
92.00	Allied health cost	952,446	96,681,862	0.009851	14,587,529	143,702	92.00
93.00	All other Medical Education	0	96,681,862	0.000000	14,587,529	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,528 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,528 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)			3,528 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,403 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			1,896,240 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)			1,896,240 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			1,896,240 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			537.48 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			754,084 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)			754,084 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1	
				Component CCN: 15-S082		Date/Time Prepared: 2/26/2018 2:33 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	43.00	
44.00	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					164,544	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					918,628	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)					68,929	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,135	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					79,064	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					839,564	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	173,319	1,896,240	0.091401	0	0	90.00
91.00	Nursing School cost	0	1,896,240	0.000000	0	0	91.00
92.00	Allied health cost	0	1,896,240	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,896,240	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		114,713	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,713	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)		97,405	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)		3,622	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		96,681,862	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)		96,681,862	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		96,681,862	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		842.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,052,694	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)		3,052,694	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm		
Cost Center Description			Title XIX		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)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	23,042,381	16,868	1,366.04	880	1,202,115	43.00	
44.00	5,406,778	3,898	1,387.06	220	305,153	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,927,720	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,487,682	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)					539,598	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					322,660	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					862,258	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,625,424	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)					17,308	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					842.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,587,529	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,237,560	96,681,862	0.116232	14,587,529	1,695,538	90.00
91.00	Nursing School cost	0	96,681,862	0.000000	14,587,529	0	91.00
92.00	Allied health cost	952,446	96,681,862	0.009851	14,587,529	143,702	92.00
93.00	All other Medical Education	0	96,681,862	0.000000	14,587,529	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,528 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,528 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)			3,528 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)			108 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			1,896,240 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)			1,896,240 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			1,896,240 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			537.48 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			58,048 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)			58,048 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1		
		Component CCN: 15-S082				Date/Time Prepared: 2/26/2018 2:33 pm		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,677		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,725		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)					5,306		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,017		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,323		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,402		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0082 Component CCN: 15-S082		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	173,319	1,896,240	0.091401	0	0	90.00
91.00	Nursing School cost	0	1,896,240	0.000000	0	0	91.00
92.00	Allied health cost	0	1,896,240	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,896,240	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,787,596	30.00
31.00	03100	INTENSIVE CARE UNIT		24,484,726	31.00
32.00	03200	CORONARY CARE UNIT		6,319,183	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223447	55,026,295	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103363	37,208,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157762	719,052	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.153508	16,420,829	59.00
60.00	06000	LABORATORY	0.246953	37,249,058	60.00
64.00	06400	INTRAVENOUS THERAPY	0.519173	2,662,874	64.00
65.00	06500	RESPIRATORY THERAPY	0.122453	24,501,821	65.00
66.00	06600	PHYSICAL THERAPY	0.167363	24,709,210	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131259	7,565,436	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	7,779,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.327318	18,347,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262956	57,325,384	73.00
74.00	07400	RENAL DIALYSIS	0.188758	4,103,527	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.549874	8,437	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.607804	8,644	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.480393	584	90.02
90.03	09003	CHEMO	0.096699	91,352	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.806949	4,807	90.04
90.05	09005	PAIN MANAGEMENT	0.112606	1,349	90.05
90.06	09006	WOUND CARE	0.344272	7,042	90.06
90.07	09007	SLEEP CENTER	0.437716	10,257	90.07
90.08	09008	HEMATOLOGY	0.336063	10,668	90.08
91.00	09100	EMERGENCY	0.137570	40,355,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	178,318	92.00
92.01	09201	OBSERVATION UNIT	0.491647	134,470	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.454261	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		334,430,721	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)		334,430,721	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		3,179,022	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223447	23,050	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103363	38,359	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.157762	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.153508	0	59.00
60.00	06000 LABORATORY	0.246953	164,622	60.00
64.00	06400 INTRAVENOUS THERAPY	0.519173	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.122453	9,163	65.00
66.00	06600 PHYSICAL THERAPY	0.167363	1,098	66.00
69.00	06900 ELECTROCARDIOLOGY	0.131259	3,316	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	343	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.327318	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262956	249,461	73.00
74.00	07400 RENAL DIALYSIS	0.188758	2,252	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.549874	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.607804	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.480393	914	90.02
90.03	09003 CHEMO	0.096699	0	90.03
90.04	09004 PRIMARY CARE FOR SENIORS	0.806949	0	90.04
90.05	09005 PAIN MANAGEMENT	0.112606	0	90.05
90.06	09006 WOUND CARE	0.344272	0	90.06
90.07	09007 SLEEP CENTER	0.437716	0	90.07
90.08	09008 HEMATOLOGY	0.336063	0	90.08
91.00	09100 EMERGENCY	0.137570	337,322	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	0	92.00
92.01	09201 OBSERVATION UNIT	0.491647	0	92.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.454261	0	96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		829,900	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)		829,900	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/26/2018 2:33 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,492,425	30.00
31.00	03100	INTENSIVE CARE UNIT		2,843,638	31.00
32.00	03200	CORONARY CARE UNIT		724,601	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223447	3,924,263	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103363	2,503,543	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157762	65,487	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.153508	846,142	59.00
60.00	06000	LABORATORY	0.246953	2,492,021	60.00
64.00	06400	INTRAVENOUS THERAPY	0.519173	317,021	64.00
65.00	06500	RESPIRATORY THERAPY	0.122453	2,346,135	65.00
66.00	06600	PHYSICAL THERAPY	0.167363	1,535,532	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131259	392,795	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	610,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.327318	1,007,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262956	4,556,110	73.00
74.00	07400	RENAL DIALYSIS	0.188758	203,238	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.549874	318	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.607804	1,448	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.480393	0	90.02
90.03	09003	CHEMO	0.096699	4,106	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.806949	0	90.04
90.05	09005	PAIN MANAGEMENT	0.112606	0	90.05
90.06	09006	WOUND CARE	0.344272	1,948	90.06
90.07	09007	SLEEP CENTER	0.437716	0	90.07
90.08	09008	HEMATOLOGY	0.336063	0	90.08
91.00	09100	EMERGENCY	0.137570	2,804,740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	32,508	92.00
92.01	09201	OBSERVATION UNIT	0.491647	3,926	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.454261	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,649,412	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)		23,649,412	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3	
		Component CCN: 15-S082		Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		352,814	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223447	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103363	2,307	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157762	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.153508	0	59.00
60.00	06000	LABORATORY	0.246953	15,408	60.00
64.00	06400	INTRAVENOUS THERAPY	0.519173	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.122453	0	65.00
66.00	06600	PHYSICAL THERAPY	0.167363	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.131259	288	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.491183	247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.327318	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262956	23,599	73.00
74.00	07400	RENAL DIALYSIS	0.188758	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.549874	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0.607804	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.480393	0	90.02
90.03	09003	CHEMO	0.096699	0	90.03
90.04	09004	PRIMARY CARE FOR SENIORS	0.806949	0	90.04
90.05	09005	PAIN MANAGEMENT	0.112606	0	90.05
90.06	09006	WOUND CARE	0.344272	0	90.06
90.07	09007	SLEEP CENTER	0.437716	0	90.07
90.08	09008	HEMATOLOGY	0.336063	0	90.08
91.00	09100	EMERGENCY	0.137570	45,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.616407	0	92.00
92.01	09201	OBSERVATION UNIT	0.491647	0	92.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.454261	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		87,423	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)		87,423	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		99,447,255	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)		1,564,881	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		24,745,805	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		442.28	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		15.30	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)		15.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.70	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)		15.30	12.00
13.00	Total allowable FTE count for the prior year.		15.30	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.		15.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		15.30	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		15.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.034593	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.033770	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.033770	21.00
22.00	IME payment adjustment (see instructions)		1,818,095	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		452,403	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.22	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.40	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)		2.22	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.005019	26.00
27.00	IME payments adjustment factor. (see instructions)		0.001340	27.00
28.00	IME add-on adjustment amount (see instructions)		133,259	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		33,159	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,951,354	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		485,562	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.60	31.00
32.00	Sum of lines 30 and 31		21.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.25	33.00
34.00	Disproportionate share adjustment (see instructions)		1,802,482	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000547273	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	3,271,315	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	3,271,315	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,271,315		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		108,037,287		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			108,522,849	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,697,425	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).			797,140	52.00
53.00	Nursing and Allied Health Managed Care payment			567,241	53.00
54.00	Special add-on payments for new technologies			3,107	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).			460,103	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			103,295	58.00
59.00	Total (sum of amounts on lines 49 through 58)			119,151,160	59.00
60.00	Primary payer payments			41,643	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			119,109,517	61.00
62.00	Deductibles billed to program beneficiaries			11,212,656	62.00
63.00	Coinurance billed to program beneficiaries			357,399	63.00
64.00	Allowable bad debts (see instructions)			1,123,469	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			730,255	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			605,308	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			108,269,717	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)			-314,065	70.93
70.94	HRR adjustment amount (see instructions)			-716,045	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,161,933	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		106,077,674	71.00
71.01	Sequestration adjustment (see instructions)		2,121,553	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		104,017,633	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)		-61,512	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,247,523	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
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
Cost Reimbursement				
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
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
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
Adjustment to Medicare Part A Inpatient Reimbursement				
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 (line 209 plus line 210) (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2018 2:33 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	99,447,255	0	0	99,447,255	99,447,255	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,564,881	0	0	1,564,881	1,564,881	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,745,805	0	0	24,745,805	24,745,805	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033770	0.033770	0.033770	0.033770		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,818,095	0	0	1,818,095	1,818,095	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	452,403	0	0	452,403	452,403	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.001340	0.001340	0.001340	0.001340		7.00
8.00	IME adjustment (see instructions)	28.00	133,259	0	0	133,259	133,259	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	33,159	0	0	33,159	33,159	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,951,354	0	0	1,951,354	1,951,354	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	485,562	0	0	485,562	485,562	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0725	0.0725	0.0725	0.0725		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,802,482	0	0	1,802,482	1,802,482	11.00
11.01	Uncompensated care payments	36.00	3,271,315	0	0	3,271,315	3,271,315	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	108,037,287	0	0	108,037,287	108,037,287	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	108,522,849	0	0	108,522,849	108,522,849	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,697,425	0	0	8,697,425	8,697,425	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	0	3,107	3,107	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2018 2:33 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	117,223,381	117,223,381	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,990,449	0	0	7,990,449	7,990,449	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,956	0	0	221,956	221,956	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0154	0.0154	0.0154	0.0154		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	123,053	0	0	123,053	123,053	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0453	0.0453	0.0453	0.0453		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	361,967	0	0	361,967	361,967	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,697,425	0	0	8,697,425	8,697,425	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0082		Period: From 10/01/2016 To 09/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	99,447,255		99,447,255	99,447,255	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,564,881	0	1,564,881	1,564,881	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,745,805	0	24,745,805	24,745,805	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.033770	0.033770	0.033770		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,818,095	0	1,818,095	1,818,095	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	452,403	0	452,403	452,403	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001340	0.001340	0.001340		7.00
8.00	IME adjustment (see instructions)	28.00	133,259	0	133,259	133,259	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	33,159	0	33,159	33,159	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,951,354	0	1,951,354	1,951,354	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	485,562	0	485,562	485,562	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0725	0.0725	0.0725		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,802,482	0	1,802,482	1,802,482	11.00
11.01	Uncompensated care payments	36.00	3,271,315	0	3,271,315	3,271,315	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	108,037,287	0	108,037,287	108,037,287	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	108,522,849	0	108,522,849	108,522,849	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,697,425	0	8,697,425	8,697,425	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	3,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	117,223,381	117,223,381	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/26/2018 2:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,990,449	0	7,990,449	7,990,449	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,956	0	221,956	221,956	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0154	0.0154	0.0154		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	123,053	0	123,053	123,053	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0453	0.0453	0.0453		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	361,967	0	361,967	361,967	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,697,425	0	8,697,425	8,697,425	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-314,065	0	-314,065	-314,065	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-716,045	0	-716,045	-716,045	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,161,933	1,161,933	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		146,493	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		51,155,874	2.00
3.00	OPPS payments		52,730,571	3.00
4.00	Outlier payment (see instructions)		40,569	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		111,065	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		146,493	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		572,666	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)		572,666	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		572,666	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		426,173	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		146,493	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)		52,882,205	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		51	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10,500,302	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)		42,528,345	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		341,013	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)		42,869,358	30.00
31.00	Primary payer payments		12,016	31.00
32.00	Subtotal (line 30 minus line 31)		42,857,342	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,424,384	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		925,850	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		899,244	36.00
37.00	Subtotal (see instructions)		43,783,192	37.00
38.00	MSP-LCC reconciliation amount from PS&R		51	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)		43,783,141	40.00
40.01	Sequestration adjustment (see instructions)		875,663	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		42,417,051	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		490,427	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		499,191	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2018 2:33 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		104,017,633		42,417,051	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)		104,017,633		42,417,051	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		490,427	6.01	
6.02	SETTLEMENT TO PROGRAM		61,512		0	6.02	
7.00	Total Medicare program liability (see instructions)		103,956,121		42,907,478	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0082

Period:

Worksheet E-1

Component CCN: 15-S082

From 10/01/2016
To 09/30/2017

Part I
Date/Time Prepared:
2/26/2018 2:33 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		918,225		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		918,225		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		7,617		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		925,842		0	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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part II
Date/Time Prepared:
2/26/2018 2:33 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082 Component CCN: 15-S082	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part II Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,091,601 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			3,001 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.665753 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,094,602 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,094,602 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,094,602 18.00
19.00	Deductibles			140,196 19.00
20.00	Subtotal (line 18 minus line 19)			954,406 20.00
21.00	Coinsurance			17,416 21.00
22.00	Subtotal (line 20 minus line 21)			936,990 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,245 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			7,309 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,961 25.00
26.00	Subtotal (sum of lines 22 and 24)			944,299 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			438 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			944,737 31.00
31.01	Sequestration adjustment (see instructions)			18,895 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			918,225 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			7,617 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/26/2018 2:33 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.85	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	20.85	0.00	20.85	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.60	0.00		17.00
18.00	Per resident amount	122,583.62	0.00		18.00
19.00	Approved amount for resident costs	2,034,888	0	2,034,888	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.25	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,034,888	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	55,092	15,112		26.00
27.00	Total Inpatient Days (see instructions)	121,699	121,699		27.00
28.00	Ratio of inpatient days to total inpatient days	0.452691	0.124175		28.00
29.00	Program direct GME amount	921,175	252,682		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		35,704		30.00
31.00	Net Program direct GME amount			1,138,153	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,972,689	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		120,195,791	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		41,643	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		120,154,148	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		51,413,432	42.00
43.00	Primary payer payments (see instructions)		12,016	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		51,401,416	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		171,555,564	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.700380	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.299620	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,138,153	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		797,140	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		341,013	50.00

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

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet G

Date/Time Prepared:
2/26/2018 2:33 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	66,008,404	0	0	0	1.00
2.00	Temporary investments	77,775,941	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	100,265,840	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,553,395	0	0	0	7.00
8.00	Prepaid expenses	12,525,787	0	0	0	8.00
9.00	Other current assets	33,305,408	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)	297,434,775	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,726,304	0	0	0	12.00
13.00	Land improvements	9,247,652	0	0	0	13.00
14.00	Accumulated depreciation	-4,848,864	0	0	0	14.00
15.00	Buildings	558,246,434	0	0	0	15.00
16.00	Accumulated depreciation	-314,673,652	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	240,852,118	0	0	0	19.00
20.00	Accumulated depreciation	-182,286,479	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	322,263,513	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	682,323,192	16,957,746	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	142,533,906	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	824,857,098	16,957,746	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,444,555,386	16,957,746	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	56,148,681	0	0	0	37.00
38.00	Salaries, wages, and fees payable	34,388,704	0	0	0	38.00
39.00	Payroll taxes payable	2,113,915	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,016,489	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	3,832,430	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	103,500,219	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	355,465,994	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	90,853,044	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	446,319,038	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	549,819,257	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	894,736,129				52.00
53.00	Specific purpose fund		16,957,746			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)	894,736,129	16,957,746	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,444,555,386	16,957,746	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-1

Date/Time Prepared:
2/26/2018 2:33 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		767,019,317		14,127,460	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		94,072,430			2.00
3.00	Total (sum of line 1 and line 2)		861,091,747		14,127,460	3.00
4.00	NET UNREALIZED GAIN ON INVESTMENTS	32,986,795		1,286,564		4.00
5.00	BENEFIT RELATED CHANGES	30,376,338		0		5.00
6.00	RESTRICTED CONTRIBUTIONS	0		2,084,835		6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM	0		21,366		7.00
8.00	CHANGE IN BENEFICIAL INTERESTS	0		22,723		8.00
9.00	FOUNDATION NET INCOME	0		-585,202		9.00
10.00	Total additions (sum of line 4-9)		63,363,133		2,830,286	10.00
11.00	Subtotal (line 3 plus line 10)		924,454,880		16,957,746	11.00
12.00	CHANGE IN UNRESTRICTED ASSETS	29,718,751		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)		29,718,751		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		894,736,129		16,957,746	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	NET UNREALIZED GAIN ON INVESTMENTS		0			4.00
5.00	BENEFIT RELATED CHANGES		0			5.00
6.00	RESTRICTED CONTRIBUTIONS		0			6.00
7.00	RESTRICTED REALIZED INVESTMENT INCOM		0			7.00
8.00	CHANGE IN BENEFICIAL INTERESTS		0			8.00
9.00	FOUNDATION NET INCOME		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	CHANGE IN UNRESTRICTED ASSETS		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: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2018 2:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	162,158,067		162,158,067	1.00
2.00	SUBPROVIDER - IPF	8,035,969		8,035,969	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)	170,194,036		170,194,036	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	56,253,075		56,253,075	11.00
12.00	CORONARY CARE UNIT	12,819,084		12,819,084	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)	69,072,159		69,072,159	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	239,266,195		239,266,195	17.00
18.00	Ancillary services	649,367,709	838,337,923	1,487,705,632	18.00
19.00	Outpatient services	84,725,405	387,444,146	472,169,551	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	973,359,309	1,225,782,069	2,199,141,378	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		716,421,209		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	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		716,421,207		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0082

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-3

Date/Time Prepared:
2/26/2018 2:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,199,141,378	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,473,416,881	2.00
3.00	Net patient revenues (line 1 minus line 2)	725,724,497	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	716,421,207	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,303,290	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	28,706,316	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	56,062,824	24.00
25.00	Total other income (sum of lines 6-24)	84,769,140	25.00
26.00	Total (line 5 plus line 25)	94,072,430	26.00
27.00	ROUNDING	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)	94,072,430	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/26/2018 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,990,449	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,956	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)		323.76	3.00
4.00	Number of interns & residents (see instructions)		17.52	4.00
5.00	Indirect medical education percentage (see instructions)		1.54	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)		123,053	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.60	8.00
9.00	Sum of lines 7 and 8		21.86	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.53	10.00
11.00	Disproportionate share adjustment (see instructions)		361,967	11.00
12.00	Total prospective capital payments (see instructions)		8,697,425	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00