

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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 1:51 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2018 Time: 1:51 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH- DYER (15-0090) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	31,573	-16,119	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	5,360	0		979	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	36,933	-16,119	0	979	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 11:17 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 24 JOLIET STREET		PO Box:									
2.00 City: DYER		State: IN		Zip Code: 46311-1799		County: LAKE					
		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		FRANCISCAN HEALTH- DYER		150090	23844	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		FRANCISCAN HEALTH - DYER -REHAB		15T090	23844	5	01/01/2002	N	P	T	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2017	12/31/2017		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPFS 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.				251	72	955	298	2,221	24		
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 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.				61	43	0	29	276			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 11:17 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
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 Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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

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

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						1.00				
Long Term Care Hospital PPS										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00			
TEFRA Providers										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00			
						V	XIX			
						1.00	2.00			
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	Y	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	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	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.					N	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.					N	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.					N	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.					N	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.					N	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	Occupational	Speech	Respiratory	
						1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N	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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 11:17 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
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.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	609,717	62,333			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.	Y		5.04		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		158014		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 11:17 am								
1.00		2.00		3.00										
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.														
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				141.00						
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -						142.00						
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546				143.00						
144.00 Are provider based physicians' costs included in Worksheet A?														
Y								144.00						
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00						
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00						
N								146.00						
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00						
N								147.00						
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00						
N								148.00						
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00						
N								149.00						
		Part A		Part B		Title V		Title XIX						
		1.00		2.00		3.00		4.00						
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)														
155.00	Hospital	N		N		N		N		155.00				
156.00	Subprovider - IPF	N		N		N		N		156.00				
157.00	Subprovider - IRF	N		N		N		N		157.00				
158.00	SUBPROVIDER	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								1.00						
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.								165.00						
N								165.00						
		Name		County		State		Zip Code		CBSA		FTE/Campus		
		0		1.00		2.00		3.00		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											166.00		
												0.00	166.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								1.00						
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								167.00						
Y								167.00						
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00						
0								168.00						
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01						
0.00								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)								169.00						
0.00								169.00						
		Beginning		Ending		1.00		2.00						
		1.00		2.00		3.00		4.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)											170.00		
												08/05/2017	11/30/2017	170.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								171.00						
N								171.00						

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 11:17 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/18/2018		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/26/2018	Y	04/26/2018	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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 11:17 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
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.		N		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.	MATTHEW		DEETS	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33148		MATTHEW.DEETS@FRANCSANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0090

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2018 11:17 am

		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.	SR. FINANCIAL ANALYST	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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,515	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)		111	40,515	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	7	2,555	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		132	48,180	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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)		162				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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,697	1,325	18,343			1.00
2.00 HMO and other (see instructions)	2,651	2,221				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	652	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,697	1,325	18,343			7.00
8.00 INTENSIVE CARE UNIT	1,334	158	2,694			8.00
9.00 CORONARY CARE UNIT	0	0	473			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		117	730			13.00
14.00 Total (see instructions)	10,031	1,600	22,240	10.39	841.63	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	4,967	368	6,929	0.00	45.30	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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)				10.39	886.93	27.00
28.00 Observation Bed Days		850	4,906			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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,040	733	4,211	1.00
2.00 HMO and other (see instructions)			524	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,040	733	4,211	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	424	33	604	17.00
18.00 SUBPROVIDER	0.00	0		0	0	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: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 11:17 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,422,130	0	57,422,130	1,829,622.00	31.38
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,430,101	324	9,430,425	359,691.00	26.22
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,007,241	0	2,007,241	31,052.62	64.64
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		260,702	0	260,702	2,172.52	120.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,083,060	0	7,083,060	207,205.00	34.18
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,727,719	0	12,727,719		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,794,416	0	2,794,416		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,155,047	0	3,155,047		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	613,094	0	613,094	33,333.67	18.39
27.00	Administrative & General	5.00	3,739,745	0	3,739,745	110,205.25	33.93

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 11:17 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	292,407	0	292,407	2,906.00	100.62	28.00
29.00	Maintenance & Repairs	1,252,953	0	1,252,953	37,546.65	33.37	29.00
30.00	Operation of Plant	407,719	0	407,719	39,701.94	10.27	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,289,994	0	1,289,994	96,628.37	13.35	32.00
33.00	Housekeeping under contract (see instructions)	948	0	948	74.25	12.77	33.00
34.00	Dietary	810,606	-403,362	407,244	26,409.01	15.42	34.00
35.00	Dietary under contract (see instructions)	45,405	0	45,405	3,027.02	15.00	35.00
36.00	Cafeteria	0	403,362	403,362	26,157.32	15.42	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,848,747	0	1,848,747	44,659.72	41.40	38.00
39.00	Central Services and Supply	390,893	0	390,893	19,428.50	20.12	39.00
40.00	Pharmacy	1,970,007	0	1,970,007	46,592.07	42.28	40.00
41.00	Medical Records & Medical Records Library	237,659	0	237,659	6,964.25	34.13	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2018 11:17 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	57,760,890	0	57,760,890	1,835,629.27	31.47	1.00
2.00	Excluded area salaries (see instructions)	9,430,101	324	9,430,425	359,691.00	26.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,330,789	-324	48,330,465	1,475,938.27	32.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,351,003	0	9,351,003	240,430.14	38.89	4.00
5.00	Subtotal wage-related costs (see inst.)	15,882,766	0	15,882,766	0.00	32.86	5.00
6.00	Total (sum of lines 3 thru 5)	73,564,558	-324	73,564,234	1,716,368.41	42.86	6.00
7.00	Total overhead cost (see instructions)	12,900,177	0	12,900,177	493,634.02	26.13	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2018 11:17 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	807,490	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)	2,627,040	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,280,394	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	106,300	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)	145,915	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,411,601	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	4,111,857	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	31,538	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,522,135	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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/31/2018 11:17 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0
2.00	Hospital		0	0
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10	
				Date/Time Prepared: 5/31/2018 11:17 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.248495	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			15,399,373	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?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			87,830,851	6.00
7.00	Medicaid cost (line 1 times line 6)			21,825,527	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			6,426,154	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)			6,426,154	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)	8,868,727	2,279,410	11,148,137	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,203,834	2,279,410	4,483,244	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,203,834	2,279,410	4,483,244	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				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)			9,752,166	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			420,066	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			646,255	27.01
28.00	Non-Medicare bad debt expense (see instructions)			9,105,911	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,488,962	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,972,206	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,398,360	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		9,375,268	9,375,268	-4,290,452	5,084,816	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	3,937,281	3,937,281	2.00	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	613,094	16,106,773	16,719,867	-943	16,718,924	4.00	
5.04 00593 OTHER ADMINISTRATIVE AND GENERAL	3,739,745	9,711,064	13,450,809	-175,054	13,275,755	5.04	
6.00 00600 MAINTENANCE & REPAIRS	1,252,953	2,596,724	3,849,677	0	3,849,677	6.00	
7.00 00700 OPERATION OF PLANT	407,719	3,234,736	3,642,455	0	3,642,455	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	312,840	312,840	0	312,840	8.00	
9.00 00900 HOUSEKEEPING	1,289,994	306,762	1,596,756	0	1,596,756	9.00	
10.00 01000 DIETARY	810,606	406,382	1,216,988	-605,580	611,408	10.00	
11.00 01100 CAFETERIA	0	0	0	605,580	605,580	11.00	
13.00 01300 NURSING ADMINISTRATION	1,848,747	232,662	2,081,409	-70	2,081,339	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	390,893	1,042,823	1,433,716	-67,950	1,365,766	14.00	
15.00 01500 PHARMACY	1,970,007	6,770,725	8,740,732	-4,278,273	4,462,459	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	237,659	1,152,602	1,390,261	0	1,390,261	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,290,823	1,290,823	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	10,985,725	1,372,963	12,358,688	-1,173,403	11,185,285	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,940,444	652,011	2,592,455	-85,250	2,507,205	31.00	
32.00 02060 CORONARY CARE UNIT	740,553	555,541	1,296,094	-2,137	1,293,957	32.00	
41.00 04100 SUBPROVIDER - IRF	2,144,997	4,542,378	6,687,375	-31,478	6,655,897	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	0	1,006,585	1,006,585	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	2,098,042	9,302,283	11,400,325	-6,423,337	4,976,988	50.00	
50.01 05001 OUTPATIENT SURGERY	965,742	957,248	1,922,990	-295,874	1,627,116	50.01	
51.00 05100 RECOVERY ROOM	459,334	99,494	558,828	-24,005	534,823	51.00	
53.00 05300 ANESTHESIOLOGY	53,163	3,219,286	3,272,449	-181,549	3,090,900	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,392,265	1,116,928	2,509,193	-5,767	2,503,426	54.00	
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	691,673	519,798	1,211,471	-335,062	876,409	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	500,859	231,089	731,948	-2,278	729,670	55.00	
56.00 05600 RADIO SOTOPE	268,674	329,601	598,275	-187,542	410,733	56.00	
60.00 06000 LABORATORY	0	6,283,311	6,283,311	0	6,283,311	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	372,942	372,942	0	372,942	63.00	
65.00 06500 RESPIRATORY THERAPY	848,256	1,507,591	2,355,847	-50,965	2,304,882	65.00	
66.00 06600 PHYSICAL THERAPY	3,028,447	4,647,765	7,676,212	-7,022	7,669,190	66.00	
67.00 06700 OCCUPATIONAL THERAPY	406,396	18,665	425,061	-3,292	421,769	67.00	
68.00 06800 SPEECH PATHOLOGY	287,679	49,366	337,045	-35,703	301,342	68.00	
69.00 06900 ELECTROCARDIOLOGY	677,698	82,945	760,643	3,787	764,430	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	85,720	15,600	101,320	0	101,320	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,799,458	4,799,458	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,421,355	6,421,355	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,597,503	4,597,503	73.00	
76.00 03630 ULTRA SOUND	357,570	112,236	469,806	-10,374	459,432	76.00	
76.01 03951 PAIN CLINIC	605,074	161,820	766,894	-96,958	669,936	76.01	
76.02 03952 CATH LAB	1,018,777	4,452,709	5,471,486	-3,234,452	2,237,034	76.02	
76.03 03953 ACTIVITY THERAPEUTIC	2,069,635	21,337	2,090,972	0	2,090,972	76.03	
76.04 03954 WOUND CARE CENTER	295,919	86,090	382,009	-59,848	322,161	76.04	
76.05 03340 BARIATRIC CLINIC	384,217	144,740	528,957	-807	528,150	76.05	
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06	
76.07 03950 CV RESOURCE CENTER	85,387	632	86,019	0	86,019	76.07	
76.08 03955 ANTI COAGULATION CLINIC	422,539	56,210	478,749	-50	478,699	76.08	
76.09 03956 LACTATION CLINIC	0	0	0	0	0	76.09	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	4,760,824	555,225	5,316,049	-294,283	5,021,766	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE		6,384,537	6,384,537	-702,938	5,681,599	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	50,137,026	99,101,702	149,238,728	-324	149,238,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,941	39,196	60,137	0	60,137	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,871,055	1,288,214	6,159,269	324	6,159,593	192.00	
192.01 19201 WORKING WELL	0	0	0	0	0	192.01	
194.00 07950 RESIDENTIAL	2,383,855	401,810	2,785,665	0	2,785,665	194.00	
194.01 07951 OMNI	0	0	0	0	0	194.01	
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02	
194.03 07953 CENTER OF HOPE	9,253	0	9,253	0	9,253	194.03	
200.00	TOTAL (SUM OF LINES 118 through 199)	57,422,130	100,830,922	158,253,052	0	158,253,052	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,288,701	7,373,517	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,937,281	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,507,543	20,226,467	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	10,345,943	23,621,698	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,849,677	6.00
7.00	00700	OPERATION OF PLANT	0	3,642,455	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	312,840	8.00
9.00	00900	HOUSEKEEPING	0	1,596,756	9.00
10.00	01000	DIETARY	-25,513	585,895	10.00
11.00	01100	CAFETERIA	-459,066	146,514	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,081,339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-127,210	1,238,556	14.00
15.00	01500	PHARMACY	-1,489,483	2,972,976	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-285,745	1,104,516	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-242,019	1,048,804	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,896,641	9,288,644	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,805	2,489,400	31.00
32.00	02060	CORONARY CARE UNIT	0	1,293,957	32.00
41.00	04100	SUBPROVIDER - I R F	-3,048,527	3,607,370	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,006,585	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-584,951	4,392,037	50.00
50.01	05001	OUTPATIENT SURGERY	-31,780	1,595,336	50.01
51.00	05100	RECOVERY ROOM	0	534,823	51.00
53.00	05300	ANESTHESIOLOGY	-11,428	3,079,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-338,962	2,164,464	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-50,890	825,519	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-23,664	706,006	55.00
56.00	05600	RADIOISOTOPE	-4,495	406,238	56.00
60.00	06000	LABORATORY	-1,010,783	5,272,528	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-17,857	355,085	63.00
65.00	06500	RESPIRATORY THERAPY	-1,014,520	1,290,362	65.00
66.00	06600	PHYSICAL THERAPY	-1,421,121	6,248,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	-7,274	414,495	67.00
68.00	06800	SPEECH PATHOLOGY	-2,372	298,970	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,342	732,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,085	93,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,799,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,421,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,597,503	73.00
76.00	03630	ULTRA SOUND	-71,144	388,288	76.00
76.01	03951	PAIN CLINIC	0	669,936	76.01
76.02	03952	CATH LAB	-3,025	2,234,009	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	2,090,972	76.03
76.04	03954	WOUND CARE CENTER	-777	321,384	76.04
76.05	03340	BARITRIC CLINIC	-31,693	496,457	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	86,019	76.07
76.08	03955	ANTI COAGULATION CLINIC	-303	478,396	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,516,226	3,505,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,681,599	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,315,113	145,923,291	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,137	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,159,593	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	2,785,665	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	9,253	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-3,315,113	154,937,939	200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

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 - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,937,281	1.00	
	O		0	3,937,281		
B - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	700,006	1.00	
	O		0	700,006		
C - CAFETERIA						
1.00	CAFETERIA	11.00	403,362	202,218	1.00	
	O		403,362	202,218		
D - INSURANCE EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,056,109	1.00	
	O		0	1,056,109		
E - PATIENT TRANSPORT						
1.00	ADULTS & PEDIATRICALS	30.00	11,191	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	62,440	0	2.00	
3.00	RADIOISOTOPE	56.00	18,976	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	4,378	0	4.00	
5.00	ULTRASOUND	76.00	7,785	0	5.00	
6.00	CATH LAB	76.02	4,134	0	6.00	
7.00	EMERGENCY	91.00	6,949	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	324	0	8.00	
	O		116,177	0		
F - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,220,813	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	
	O		0	11,220,813		
G - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,597,503	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	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
22.00		0.00	0	0	22.00	
			0	4,597,503		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	1,290,823	1.00	
	COSTS APPRV					
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
			0	1,290,823		
I - NURSERY						
1.00	NURSERY	43.00	936,744	69,841	1.00	
			936,744	69,841		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO	72.00	0	6,421,355	1.00	
	PATIENTS					
			0	6,421,355		
K - OTHER CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,932	1.00	
			0	2,932		
500.00	Grand Total: Increases		1,456,283	29,498,881	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,937,281	9	1.00
	O		0	3,937,281		
B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	700,006	11	1.00
	O		0	700,006		
C - CAFETERIA						
1.00	DIETARY	10.00	403,362	202,218	0	1.00
	O		403,362	202,218		
D - INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,056,109	9	1.00
	O		0	1,056,109		
E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	116,177	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	O		116,177	0		
F - CHARGEABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	70	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,950	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	171,852	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	80,371	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	2,039	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	31,059	0	6.00
7.00	OPERATING ROOM	50.00	0	6,422,872	0	7.00
8.00	OUTPATIENT SURGERY	50.01	0	290,498	0	8.00
9.00	RECOVERY ROOM	51.00	0	23,979	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	115,925	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	63,260	0	11.00
12.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	335,060	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,213	0	13.00
14.00	RADIOISOTOPE	56.00	0	281	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	50,965	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	6,975	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	3,292	0	17.00
18.00	SPEECH PATHOLOGY	68.00	0	35,703	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	276	0	19.00
20.00	ULTRA SOUND	76.00	0	14,009	0	20.00
21.00	PAIN CLINIC	76.01	0	96,403	0	21.00
22.00	CATH LAB	76.02	0	3,234,873	0	22.00
23.00	WOUND CARE CENTER	76.04	0	51,831	0	23.00
24.00	BARITRIC CLINIC	76.05	0	465	0	24.00
25.00	EMERGENCY	91.00	0	117,649	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	943	0	26.00
	O		0	11,220,813		
G - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	4,278,273	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,157	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,879	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	98	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	419	0	5.00
6.00	OPERATING ROOM	50.00	0	465	0	6.00
7.00	OUTPATIENT SURGERY	50.01	0	5,376	0	7.00
8.00	RECOVERY ROOM	51.00	0	26	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	65,624	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,947	0	10.00
11.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	2	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	65	0	12.00
13.00	RADIOISOTOPE	56.00	0	206,237	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	47	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	315	0	15.00
16.00	ULTRA SOUND	76.00	0	4,150	0	16.00
17.00	PAIN CLINIC	76.01	0	555	0	17.00
18.00	CATH LAB	76.02	0	3,713	0	18.00
19.00	WOUND CARE CENTER	76.04	0	8,017	0	19.00
20.00	BARITRIC CLINIC	76.05	0	342	0	20.00
21.00	ANTI COAGULATION CLINIC	76.08	0	50	0	21.00
22.00	EMERGENCY	91.00	0	7,746	0	22.00
	O		0	4,597,503		

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
H - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	500	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,230,663	0	2.00
3.00	EMERGENCY	91.00	0	59,660	0	3.00
			0	1,290,823		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	936,744	69,841	0	1.00
			936,744	69,841		
J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,421,355	0	1.00
			0	6,421,355		
K - OTHER CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	2,932	14	1.00
			0	2,932		
500.00	Grand Total: Decreases		1,456,283	29,498,881		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part I
Date/Time Prepared:
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		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	347,972	0	0	0	0	1.00
2.00	Land Improvements	9,475,045	220,200	0	220,200	0	2.00
3.00	Buildings and Fixtures	68,407,984	0	0	0	0	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	146,787,961	14,377,015	0	14,377,015	2,683,229	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	226,531,170	14,597,215	0	14,597,215	2,683,229	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	226,531,170	14,597,215	0	14,597,215	2,683,229	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	347,972	0				1.00
2.00	Land Improvements	9,695,245	4,171,348				2.00
3.00	Buildings and Fixtures	68,407,984	32,948,852				3.00
4.00	Building Improvements	1,512,208	43,055				4.00
5.00	Fixed Equipment	158,481,747	31,932,214				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	238,445,156	69,095,469				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	238,445,156	69,095,469				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	8,319,159	0	0	1,056,109	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,319,159	0	0	1,056,109	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	9,375,268				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,375,268				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	0	0	0	1.000000	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,614,470	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,937,281	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,551,751	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	700,006	1,056,109	0	2,932	7,373,517 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,937,281 2.00
3.00	Total (sum of lines 1-2)	700,006	1,056,109	0	2,932	11,310,798 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-1,381	0	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-85,634	0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,684,078	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,302,088	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-459,066	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-21,221	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B	-7,800	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	33.00
34.00 MISC INCOME	B	-1,384	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	34.00
35.00 DIETETIC INSTRUCTION	B	-2,030	DIETARY	10.00	0	35.00
36.00 SPECIAL FUNCTIONS	B	1	DIETARY	10.00	0	36.00
37.00 ADVERTISING EXPENSE	A	-2,212	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	37.00
38.00 MISCELLANEOUS - OTHER OPERATING	B	-4,000	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
40.00 MISCELLANEOUS - OTHER OPERATING	B	-11,497	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	40.00
41.00 MISCELLANEOUS - OTHER OPERATING	B	-16,098	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	41.00
42.00 PROGRAM FEES	B	-22,931	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	42.00
43.00 UNECESSARY BORROWING	A	-1,228,677	INTEREST EXPENSE	113.00	0	43.00
44.00 LOBBYING EXPENSE	A	-2,273	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	44.00
45.00 DISCOUNTS EARNED/REBATES	B	-2,263	DIETARY	10.00	0	45.00
46.00 PENSION ADJUSTMENT	A	3,507,543	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00 DISCOUNTS EARNED/REBATES	B	-41,872	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	47.00
48.00 DISCOUNTS EARNED/REBATES	B	-36,860	CENTRAL SERVICES & SUPPLY	14.00	0	48.00
49.00 DISCOUNTS EARNED/REBATES	B	-247,152	PHARMACY	15.00	0	49.00
49.01 DISCOUNTS EARNED/REBATES	B	-183,972	OPERATING ROOM	50.00	0	49.01
49.02 DISCOUNTS EARNED/REBATES	B	-29,937	RADIOLOGY-DIAGNOSTIC	54.00	0	49.02
49.03 DISCOUNTS EARNED/REBATES	B	-10,197	LABORATORY	60.00	0	49.03
49.04 DISCOUNTS EARNED/REBATES	B	-10,862	RESPIRATORY THERAPY	65.00	0	49.04
49.05 DISCOUNTS EARNED/REBATES	B	-25,749	PHYSICAL THERAPY	66.00	0	49.05
49.06 RENTAL INCOME	B	-2,097	PHYSICAL THERAPY	66.00	0	49.06
49.07 DIETETIC INSTRUCTION	B	-31,693	BARiatric CLINIC	76.05	0	49.07
49.08 PODIATRIC RESIDENT COORDINATOR	A	-242,019	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.08
49.09 HAF FEES	A	-3,692,074	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.09
49.10 PROPERTY TAX	A	-13,936	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.10
49.11 MISC. - OTHER OPERATING	B	-3,200	EMERGENCY	91.00	9	49.11
49.12 MISC. PAYMENTS	B	-18	EMERGENCY	91.00	0	49.12
49.13 MED STAFF FEES	B	50	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.13
49.14 PROGRAM FEES	B	-615	PHYSICAL THERAPY	66.00	0	49.14
49.15 INTEREST INCOME - PATIENTS	B	3	INTEREST EXPENSE	113.00	0	49.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,315,113				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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2018 11:17 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,288,701	0
2.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE	1,500,053	1,445,950
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	1,584,056	1,526,923
4.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	11,549,791	11,133,217
4.01	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	380,386	366,666
4.02	15.00	PHARMACY	COEP / PHARMACY	273,525	239,446
4.03	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	778,449	1,064,194
4.04	113.00	INTEREST EXPENSE	INTEREST	1,889,181	6,340,725
4.05	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-13,735,133
4.06	14.00	CENTRAL SERVICES & SUPPLY	SPD	4,827	23,263
4.07	15.00	PHARMACY	PHARMACY	316,110	1,592,520
4.08	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	264,917
4.09	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,370,396
4.10	50.00	OPERATING ROOM	OPERATING ROOM	12,956	51,872
4.11	50.00	OPERATING ROOM	ORTHOPEDICS	426	1,705
4.12	50.01	OUTPATIENT SURGERY	ENDOSCOPY	8,637	18,708
4.13	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	6,488	17,916
4.14	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	29,736	112,232
4.15	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	47,454	179,101
4.16	54.00	RADIOLOGY-DIAGNOSTIC	MRI	32,759	123,641
4.17	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	13,758	64,648
4.18	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	9,691	33,355
4.19	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	987	5,482
4.20	60.00	LABORATORY	CHEMISTRY	149,351	1,127,643
4.21	63.00	BLOOD STORAGE, PROCESSING &	BLOOD BANK	12,216	30,073
4.22	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	178,109	1,174,829
4.23	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	5,068	7,430
4.24	66.00	PHYSICAL THERAPY	REHABILITATION THERAPY	2,980,827	4,370,387
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	2,461	9,735
4.26	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	2,984	5,356
4.27	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	27,510	59,197
4.28	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	569	1,224
4.29	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	3,423	11,508
4.30	76.00	ULTRASOUND	ULTRASOUND	6,851	77,995
4.31	41.00	SUBPROVIDER - IRF	REHABILITATION OVERHEAD	1,321,869	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,419,209	22,117,121

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 11:17 am

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

(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.

	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	2,288,701	9	1.00
2.00	54,103	0	2.00
3.00	57,133	0	3.00
4.00	416,574	0	4.00
4.01	13,720	0	4.01
4.02	34,079	0	4.02
4.03	-285,745	0	4.03
4.04	-4,451,544	0	4.04
4.05	13,735,133	0	4.05
4.06	-18,436	0	4.06
4.07	-1,276,410	0	4.07
4.08	-264,917	0	4.08
4.09	-4,370,396	0	4.09
4.10	-38,916	0	4.10
4.11	-1,279	0	4.11
4.12	-10,071	0	4.12
4.13	-11,428	0	4.13
4.14	-82,496	0	4.14
4.15	-131,647	0	4.15
4.16	-90,882	0	4.16
4.17	-50,890	0	4.17
4.18	-23,664	0	4.18
4.19	-4,495	0	4.19
4.20	-978,292	0	4.20
4.21	-17,857	0	4.21
4.22	-996,720	0	4.22
4.23	-2,362	0	4.23
4.24	-1,389,560	0	4.24
4.25	-7,274	0	4.25
4.26	-2,372	0	4.26
4.27	-31,687	0	4.27
4.28	-655	0	4.28
4.29	-8,085	0	4.29
4.30	-71,144	0	4.30
4.31	1,321,869	0	4.31
5.00	3,302,088		5.00

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

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

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

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

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

6.00	HEALTHCARE SERV	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 11:17 am

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

(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: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2018 11:17 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	120,156	0	22,656	197,500	181	1.00
2.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	8,460	0	8,460	197,500	68	2.00
3.00	30.00 ADULTS & PEDIATRICS	21,138	0	21,138	197,500	169	3.00
4.00	30.00 ADULTS & PEDIATRICS	1,626,633	1,626,633	0	197,500	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	57,210	0	57,210	197,500	415	5.00
6.00	50.00 OPERATING ROOM	369,195	360,666	8,529	246,400	71	6.00
7.00	50.01 OUTPATIENT SURGERY	20,160	0	20,160	246,400	149	7.00
8.00	50.01 OUTPATIENT SURGERY	19,200	19,200	0	246,400	0	8.00
9.00	60.00 LABORATORY	38,911	3,878	35,033	197,500	175	9.00
10.00	65.00 RESPIRATORY THERAPY	13,585	4,550	9,035	197,500	70	10.00
11.00	66.00 PHYSICAL THERAPY	738	738	0	197,500	0	11.00
12.00	76.02 CATH LAB	3,880	2,710	1,170	197,500	9	12.00
13.00	76.04 WOUND CARE CENTER	3,050	0	3,050	197,500	28	13.00
14.00	76.04 WOUND CARE CENTER	2,000	130	1,870	197,500	17	14.00
15.00	76.08 ANTI COAGULATION CLINIC	6,000	0	6,000	197,500	60	15.00
16.00	91.00 EMERGENCY	76,749	751	75,998	197,500	528	16.00
17.00	91.00 EMERGENCY	7,500	7,500	0	197,500	0	17.00
18.00	91.00 EMERGENCY	1,478,894	1,478,894	0	197,500	0	18.00
200.00		3,873,459	3,505,650	270,309		1,940	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	5.04 OTHER ADMINISTRATIVE AND GENERAL	17,186	859	0	0	0	1.00
2.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	6,457	323	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	16,047	802	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	39,405	1,970	0	0	0	5.00
6.00	50.00 OPERATING ROOM	8,411	421	0	0	0	6.00
7.00	50.01 OUTPATIENT SURGERY	17,651	883	0	0	0	7.00
8.00	50.01 OUTPATIENT SURGERY	0	0	0	0	0	8.00
9.00	60.00 LABORATORY	16,617	831	0	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	6,647	332	0	0	0	10.00
11.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	76.02 CATH LAB	855	43	0	0	0	12.00
13.00	76.04 WOUND CARE CENTER	2,659	133	0	0	0	13.00
14.00	76.04 WOUND CARE CENTER	1,614	81	0	0	0	14.00
15.00	76.08 ANTI COAGULATION CLINIC	5,697	285	0	0	0	15.00
16.00	91.00 EMERGENCY	50,135	2,507	0	0	0	16.00
17.00	91.00 EMERGENCY	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	0	0	0	0	0	18.00
200.00		189,381	9,470	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	5.04 OTHER ADMINISTRATIVE AND GENERAL	0	17,186	5,470	102,970		1.00
2.00	5.04 OTHER ADMINISTRATIVE AND GENERAL	0	6,457	2,003	2,003		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	16,047	5,091	5,091		3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,626,633		4.00
5.00	31.00 INTENSIVE CARE UNIT	0	39,405	17,805	17,805		5.00
6.00	50.00 OPERATING ROOM	0	8,411	118	360,784		6.00
7.00	50.01 OUTPATIENT SURGERY	0	17,651	2,509	2,509		7.00
8.00	50.01 OUTPATIENT SURGERY	0	0	0	19,200		8.00
9.00	60.00 LABORATORY	0	16,617	18,416	22,294		9.00
10.00	65.00 RESPIRATORY THERAPY	0	6,647	2,388	6,938		10.00
11.00	66.00 PHYSICAL THERAPY	0	0	0	738		11.00
12.00	76.02 CATH LAB	0	855	315	3,025		12.00
13.00	76.04 WOUND CARE CENTER	0	2,659	391	391		13.00
14.00	76.04 WOUND CARE CENTER	0	1,614	256	386		14.00
15.00	76.08 ANTI COAGULATION CLINIC	0	5,697	303	303		15.00
16.00	91.00 EMERGENCY	0	50,135	25,863	26,614		16.00
17.00	91.00 EMERGENCY	0	0	0	7,500		17.00
18.00	91.00 EMERGENCY	0	0	0	1,478,894		18.00
200.00		0	189,381	80,928	3,684,078		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,373,517	7,373,517			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,937,281		3,937,281		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,226,467	25,635	2,904	20,255,006	4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	23,621,698	397,718	143,425	1,333,387	5.04
6.00 00600	MAINTENANCE & REPAIRS	3,849,677	1,129,091	29,460	446,734	6.00
7.00 00700	OPERATION OF PLANT	3,642,455	317,491	8,917	145,370	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	312,840	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,596,756	85,647	3,705	459,941	9.00
10.00 01000	DIETARY	585,895	75,555	15,432	145,201	10.00
11.00 01100	CAFETERIA	146,514	109,073	0	143,817	11.00
13.00 01300	NURSING ADMINISTRATION	2,081,339	11,538	51,970	659,161	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,238,556	97,280	54,765	139,371	14.00
15.00 01500	PHARMACY	2,972,976	54,306	2,363	702,396	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,104,516	77,652	1,437	84,736	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,048,804	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,288,644	1,293,963	312,199	3,586,935	30.00
31.00 03100	INTENSIVE CARE UNIT	2,489,400	157,832	192,492	691,856	31.00
32.00 02060	CORONARY CARE UNIT	1,293,957	8,471	12,200	264,040	32.00
41.00 04100	SUBPROVIDER - I RF	3,607,370	94,372	23,128	764,788	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,006,585	0	0	333,991	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,392,037	262,041	623,965	748,046	50.00
50.01 05001	OUTPATIENT SURGERY	1,595,336	223,819	167,415	344,330	50.01
51.00 05100	RECOVERY ROOM	534,823	88,221	4,293	163,773	51.00
53.00 05300	ANESTHESIOLOGY	3,079,472	9,043	135,455	18,952	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,164,464	228,555	571,764	518,668	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	825,519	24,507	287,936	246,613	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	706,006	145,769	55,047	178,579	55.00
56.00 05600	RADIOISOTOPE	406,238	78,368	117,372	102,560	56.00
60.00 06000	LABORATORY	5,272,528	109,788	4,757	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	355,085	44,993	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,290,362	51,747	54,015	302,441	65.00
66.00 06600	PHYSICAL THERAPY	6,248,069	23,076	18,279	1,079,778	66.00
67.00 06700	OCCUPATIONAL THERAPY	414,495	8,836	119	144,898	67.00
68.00 06800	SPEECH PATHOLOGY	298,970	0	7,688	102,571	68.00
69.00 06900	ELECTROCARDIOLOGY	732,088	60,520	104,878	243,191	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	93,235	83,628	21,988	30,563	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,799,458	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,421,355	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,597,503	0	0	0	73.00
76.00 03630	ULTRA SOUND	388,288	36,379	191,061	130,265	76.00
76.01 03951	PAIN CLINIC	669,936	195,848	12,936	215,736	76.01
76.02 03952	CATH LAB	2,234,009	143,640	479,007	364,714	76.02
76.03 03953	ACTIVITY THERAPEUTIC	2,090,972	90,685	166	737,918	76.03
76.04 03954	WOUND CARE CENTER	321,384	101,142	4,845	105,508	76.04
76.05 03340	BARIATRIC CLINIC	496,457	30,626	1,936	136,991	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07 03950	CV RESOURCE CENTER	86,019	0	0	30,444	76.07
76.08 03955	ANTI COAGULATION CLINIC	478,396	6,993	282	150,654	76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,505,540	255,589	170,455	1,658,503	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	145,923,291	6,239,437	3,890,056	17,657,423	142,144,403
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,137	13,874	0	7,466	81,477
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,159,593	217,684	1,269	1,736,866	8,115,412
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	2,785,665	481,664	16,092	849,952	4,133,373
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	0	420,858	29,864	0	450,722
194.03 07953	CENTER OF HOPE	9,253	0	0	3,299	12,552
200.00	Cross Foot Adjustments					0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	154,937,939	7,373,517	3,937,281	20,255,006	154,937,939	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	25,496,228					5.04
6.00	00600	MAINTENANCE & REPAIRS	1,074,469	6,529,431				6.00
7.00	00700	OPERATION OF PLANT	810,385	356,126	5,280,744			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61,620	0	0	374,460		8.00
9.00	00900	HOUSEKEEPING	422,709	96,069	82,179	0	2,747,006	9.00
10.00	01000	DIETARY	161,927	84,749	72,495	0	38,308	10.00
11.00	01100	CAFETERIA	78,671	122,345	104,656	0	55,302	11.00
13.00	01300	NURSING ADMINISTRATION	552,308	12,942	11,071	0	5,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	301,360	109,118	93,341	0	49,323	14.00
15.00	01500	PHARMACY	735,104	60,914	52,107	0	27,534	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	249,826	87,102	74,508	0	39,371	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	206,584	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,852,446	1,451,421	1,241,569	187,362	656,068	30.00
31.00	03100	INTENSIVE CARE UNIT	695,619	177,038	151,441	28,635	80,024	31.00
32.00	02060	CORONARY CARE UNIT	310,952	9,502	8,128	5,028	4,295	32.00
41.00	04100	SUBPROVIDER - I&R	884,332	105,856	90,551	45,164	47,848	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	264,055	0	0	7,760	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,186,965	293,929	251,431	0	132,860	50.00
50.01	05001	OUTPATIENT SURGERY	459,120	251,055	214,757	0	113,481	50.01
51.00	05100	RECOVERY ROOM	155,826	98,957	84,649	0	44,730	51.00
53.00	05300	ANESTHESIOLOGY	638,762	10,143	8,677	0	4,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,139	256,368	219,301	0	115,882	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	272,721	27,489	23,515	0	12,425	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	213,793	163,508	139,867	0	73,908	55.00
56.00	05600	RADIOISOTOPE	138,774	87,904	75,195	0	39,734	56.00
60.00	06000	LABORATORY	1,061,097	123,148	105,343	0	55,665	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	78,804	50,468	43,171	0	22,812	63.00
65.00	06500	RESPIRATORY THERAPY	334,568	58,044	49,652	0	26,237	65.00
66.00	06600	PHYSICAL THERAPY	1,451,519	25,885	22,142	0	11,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,948	9,912	8,479	0	4,480	67.00
68.00	06800	SPEECH PATHOLOGY	80,606	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	224,680	67,885	58,070	0	30,685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,188	93,805	80,242	0	42,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	945,354	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,264,821	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	905,575	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	146,939	40,806	34,906	0	18,445	76.00
76.01	03951	PAIN CLINIC	215,576	219,680	187,918	0	99,299	76.01
76.02	03952	CATH LAB	634,516	161,119	137,824	0	72,828	76.02
76.03	03953	ACTIVITY THERAPEUTIC	575,104	101,720	87,013	0	45,979	76.03
76.04	03954	WOUND CARE CENTER	104,962	113,450	97,047	0	51,281	76.04
76.05	03340	BARIATRIC CLINIC	131,185	34,352	29,386	0	15,528	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	22,940	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	125,338	7,844	6,710	0	3,546	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,101,085	286,691	245,240	0	129,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,976,272	5,257,344	4,192,581	273,949	2,172,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,049	15,563	13,313	0	7,035	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,598,501	244,174	208,870	0	110,370	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	814,155	540,278	462,162	0	244,214	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	88,779	472,072	403,818	100,511	213,384	194.02
194.03	07953	CENTER OF HOPE	2,472	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,496,228	6,529,431	5,280,744	374,460	2,747,006	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 11:17 am	
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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,179,562					10.00
11.00	01100	CAFETERIA	0	760,378				11.00
13.00	01300	NURSING ADMINISTRATION	0	23,263	3,409,442			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,120	6,618	2,099,852		14.00
15.00	01500	PHARMACY	0	24,271	0	2,552	4,634,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,630	11,118	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	731,114	161,295	1,830,265	82,149	6,207	30.00
31.00	03100	INTENSIVE CARE UNIT	111,737	29,125	274,645	16,792	4,918	31.00
32.00	02060	CORONARY CARE UNIT	19,620	9,102	120,712	1,100	99	32.00
41.00	04100	SUBPROVIDER - I&R	0	20,295	269,483	12,047	422	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,338	142,021	118,581	469	50.00
50.01	05001	OUTPATIENT SURGERY	0	13,447	106,814	27,078	5,419	50.01
51.00	05100	RECOVERY ROOM	0	5,602	58,238	6,385	26	51.00
53.00	05300	ANESTHESIOLOGY	0	1,582	0	14,978	66,152	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,051	0	20,391	4,987	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	9,719	0	10,743	2	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,562	0	1,379	66	55.00
56.00	05600	RADIOISOTOPE	0	3,305	0	463	207,898	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,007	0	7,314	0	65.00
66.00	06600	PHYSICAL THERAPY	0	42,236	0	1,425	47	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,201	0	300	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,608	0	619	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,250	44,340	1,524	318	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,344	0	517	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	715,815	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	957,720	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,312,723	73.00
76.00	03630	ULTRA SOUND	0	4,269	4,103	1,765	4,183	76.00
76.01	03951	PAIN CLINIC	0	8,170	66,047	5,889	559	76.01
76.02	03952	CATH LAB	0	13,934	98,211	52,230	3,743	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	33,535	2,118	7	0	76.03
76.04	03954	WOUND CARE CENTER	0	4,703	0	3,186	8,082	76.04
76.05	03340	BARIATRIC CLINIC	0	6,068	39,575	476	345	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	1,549	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	4,442	0	7,027	50	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	57,275	335,134	29,371	7,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	862,471	593,298	3,409,442	2,099,823	4,634,523	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	899	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,504	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	64,524	0	29	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	317,091	82,023	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	130	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,179,562	760,378	3,409,442	2,099,852	4,634,523	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04 00593 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	1,733,896					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,255,388			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	117,000	0	751,542	24,550,179	-751,542	30.00
31.00 03100 INTENSIVE CARE UNIT	26,787	0	0	5,128,341	0	31.00
32.00 02060 CORONARY CARE UNIT	6,537	0	0	2,073,743	0	32.00
41.00 04100 SUBPROVIDER - I&R	28,376	0	0	5,994,032	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,861	0	0	1,617,252	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	149,198	0	55,580	8,394,461	-55,580	50.00
50.01 05001 OUTPATIENT SURGERY	42,961	0	0	3,565,032	0	50.01
51.00 05100 RECOVERY ROOM	18,650	0	0	1,264,173	0	51.00
53.00 05300 ANESTHESIOLOGY	56,269	0	0	4,044,073	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	171,895	0	28,998	5,012,463	-28,998	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	32,263	0	0	1,773,452	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	32,452	0	0	1,714,936	0	55.00
56.00 05600 RADIOISOTOPE	22,914	0	0	1,280,725	0	56.00
60.00 06000 LABORATORY	174,934	0	0	6,907,260	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,694	0	0	600,027	0	63.00
65.00 06500 RESPIRATORY THERAPY	51,404	0	0	2,240,791	0	65.00
66.00 06600 PHYSICAL THERAPY	43,224	0	0	8,967,380	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	18,530	0	0	727,198	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,225	0	0	499,287	0	68.00
69.00 06900 ELECTROCARDIOLOGY	40,347	0	0	1,618,776	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,449	0	0	497,360	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	117,384	0	0	6,578,011	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	47,787	0	0	8,691,683	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	198,779	0	0	10,014,580	0	73.00
76.00 03630 ULTRA SOUND	27,397	0	0	1,028,806	0	76.00
76.01 03951 PAIN CLINIC	31,809	0	0	1,929,403	0	76.01
76.02 03952 CATH LAB	110,866	0	0	4,506,641	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	18,033	0	0	3,783,250	0	76.03
76.04 03954 WOUND CARE CENTER	5,081	0	0	920,671	0	76.04
76.05 03340 BARIATRIC CLINIC	1,989	0	0	924,914	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	140,952	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	4,405	0	0	795,687	0	76.08
76.09 03956 LACTATION CLINIC	2	0	0	2	0	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	117,394	0	419,268	8,318,942	-419,268	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,733,896	0	1,255,388	136,104,483	-1,255,388	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	134,336	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	10,296,831	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	0	0	0	6,258,735	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	2,128,400	0	194.02
194.03 07953 CENTER OF HOPE	0	0	0	15,154	0	194.03
200.00 Cross Foot Adjustments				0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,733,896	0	1,255,388	154,937,939	-1,255,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 11:17 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.04	00593 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	23,798,637	30.00
31.00	03100 INTENSIVE CARE UNIT	5,128,341	31.00
32.00	02060 CORONARY CARE UNIT	2,073,743	32.00
41.00	04100 SUBPROVIDER - IRF	5,994,032	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,617,252	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	8,338,881	50.00
50.01	05001 OUTPATIENT SURGERY	3,565,032	50.01
51.00	05100 RECOVERY ROOM	1,264,173	51.00
53.00	05300 ANESTHESIOLOGY	4,044,073	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,983,465	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	1,773,452	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,714,936	55.00
56.00	05600 RADIOISOTOPE	1,280,725	56.00
60.00	06000 LABORATORY	6,907,260	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	600,027	63.00
65.00	06500 RESPIRATORY THERAPY	2,240,791	65.00
66.00	06600 PHYSICAL THERAPY	8,967,380	66.00
67.00	06700 OCCUPATIONAL THERAPY	727,198	67.00
68.00	06800 SPEECH PATHOLOGY	499,287	68.00
69.00	06900 ELECTROCARDIOLOGY	1,618,776	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	497,360	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,578,011	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,691,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,014,580	73.00
76.00	03630 ULTRA SOUND	1,028,806	76.00
76.01	03951 PAIN CLINIC	1,929,403	76.01
76.02	03952 CATH LAB	4,506,641	76.02
76.03	03953 ACTIVITY THERAPEUTIC	3,783,250	76.03
76.04	03954 WOUND CARE CENTER	920,671	76.04
76.05	03340 BARIATRIC CLINIC	924,914	76.05
76.06	03030 HEALTHY LIVING CENTER	0	76.06
76.07	03950 CV RESOURCE CENTER	140,952	76.07
76.08	03955 ANTI COAGULATION CLINIC	795,687	76.08
76.09	03956 LACTATION CLINIC	2	76.09
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	7,899,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	134,849,095	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,336	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	10,296,831	192.00
192.01	19201 WORKING WELL	0	192.01
194.00	07950 RESIDENTIAL	6,258,735	194.00
194.01	07951 OMNI	0	194.01
194.02	07952 PSYCHIATRIC	2,128,400	194.02
194.03	07953 CENTER OF HOPE	15,154	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	153,682,551	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	25,635	2,904	28,539	28,539 4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	0	397,718	143,425	541,143	1,877 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	1,129,091	29,460	1,158,551	629 6.00
7.00 00700	OPERATION OF PLANT	0	317,491	8,917	326,408	205 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	85,647	3,705	89,352	648 9.00
10.00 01000	DIETARY	0	75,555	15,432	90,987	204 10.00
11.00 01100	CAFETERIA	0	109,073	0	109,073	202 11.00
13.00 01300	NURSING ADMINISTRATION	0	11,538	51,970	63,508	928 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	97,280	54,765	152,045	196 14.00
15.00 01500	PHARMACY	0	54,306	2,363	56,669	989 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	77,652	1,437	79,089	119 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,293,963	312,199	1,606,162	5,072 30.00
31.00 03100	INTENSIVE CARE UNIT	0	157,832	192,492	350,324	974 31.00
32.00 02060	CORONARY CARE UNIT	0	8,471	12,200	20,671	372 32.00
41.00 04100	SUBPROVIDER - IRF	0	94,372	23,128	117,500	1,077 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	470 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	262,041	623,965	886,006	1,053 50.00
50.01 05001	OUTPATIENT SURGERY	0	223,819	167,415	391,234	485 50.01
51.00 05100	RECOVERY ROOM	0	88,221	4,293	92,514	231 51.00
53.00 05300	ANESTHESIOLOGY	0	9,043	135,455	144,498	27 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	228,555	571,764	800,319	730 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	24,507	287,936	312,443	347 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	145,769	55,047	200,816	251 55.00
56.00 05600	RADIOISOTOPE	0	78,368	117,372	195,740	144 56.00
60.00 06000	LABORATORY	0	109,788	4,757	114,545	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	44,993	0	44,993	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	51,747	54,015	105,762	426 65.00
66.00 06600	PHYSICAL THERAPY	0	23,076	18,279	41,355	1,520 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,836	119	8,955	204 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	7,688	7,688	144 68.00
69.00 06900	ELECTROCARDIOLOGY	0	60,520	104,878	165,398	342 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	83,628	21,988	105,616	43 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03630	ULTRA SOUND	0	36,379	191,061	227,440	183 76.00
76.01 03951	PAIN CLINIC	0	195,848	12,936	208,784	304 76.01
76.02 03952	CATH LAB	0	143,640	479,007	622,647	514 76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	90,685	166	90,851	1,039 76.03
76.04 03954	WOUND CARE CENTER	0	101,142	4,845	105,987	149 76.04
76.05 03340	BARITRIC CLINIC	0	30,626	1,936	32,562	193 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	43 76.07
76.08 03955	ANTI COAGULATION CLINIC	0	6,993	282	7,275	212 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	0 76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	255,589	170,455	426,044	2,335 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	6,239,437	3,890,056	10,129,493	24,881 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,874	0	13,874	11 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	217,684	1,269	218,953	2,445 192.00
192.01 19201	WORKING WELL	0	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	0	481,664	16,092	497,756	1,197 194.00
194.01 07951	OMNI	0	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	0	420,858	29,864	450,722	0 194.02
194.03 07953	CENTER OF HOPE	0	0	0	0	5 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
202.00 TOTAL (sum lines 118 through 201)	0	7,373,517	3,937,281	11,310,798	28,539	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description			OTHER ADMINI STRATI VE AND GENERAL	MAINTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINI STRATI VE AND GENERAL	543,020					5.04
6.00	00600	MAINTENANCE & REPAIRS	22,884	1,182,064				6.00
7.00	00700	OPERATION OF PLANT	17,259	64,472	408,344			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	0	0	1,312		8.00
9.00	00900	HOUSEKEEPING	9,003	17,392	6,355	0	122,750	9.00
10.00	01000	DIETARY	3,449	15,343	5,606	0	1,712	10.00
11.00	01100	CAFETERIA	1,675	22,149	8,093	0	2,471	11.00
13.00	01300	NURSING ADMINISTRATION	11,763	2,343	856	0	261	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,418	19,754	7,218	0	2,204	14.00
15.00	01500	PHARMACY	15,656	11,028	4,029	0	1,230	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,321	15,769	5,762	0	1,759	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,400	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,763	262,762	96,009	657	29,318	30.00
31.00	03100	INTENSIVE CARE UNIT	14,815	32,050	11,710	100	3,576	31.00
32.00	02060	CORONARY CARE UNIT	6,623	1,720	629	18	192	32.00
41.00	04100	SUBPROVIDER - I RF	18,834	19,164	7,002	158	2,138	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,624	0	0	27	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,279	53,212	19,442	0	5,937	50.00
50.01	05001	OUTPATIENT SURGERY	9,778	45,450	16,606	0	5,071	50.01
51.00	05100	RECOVERY ROOM	3,319	17,915	6,546	0	1,999	51.00
53.00	05300	ANESTHESIOLOGY	13,604	1,836	671	0	205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,613	46,412	16,958	0	5,178	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	5,808	4,976	1,818	0	555	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,553	29,601	10,815	0	3,303	55.00
56.00	05600	RADIOISOTOPE	2,956	15,914	5,815	0	1,776	56.00
60.00	06000	LABORATORY	22,599	22,294	8,146	0	2,487	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,678	9,136	3,338	0	1,019	63.00
65.00	06500	RESPIRATORY THERAPY	7,125	10,508	3,839	0	1,172	65.00
66.00	06600	PHYSICAL THERAPY	30,914	4,686	1,712	0	523	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,384	1,794	656	0	200	67.00
68.00	06800	SPEECH PATHOLOGY	1,717	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,785	12,290	4,490	0	1,371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	962	16,982	6,205	0	1,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,134	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,938	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,287	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	3,129	7,387	2,699	0	824	76.00
76.01	03951	PAIN CLINIC	4,591	39,770	14,531	0	4,437	76.01
76.02	03952	CATH LAB	13,514	29,168	10,657	0	3,254	76.02
76.03	03953	ACTIVITY THERAPEUTIC	12,248	18,415	6,728	0	2,055	76.03
76.04	03954	WOUND CARE CENTER	2,235	20,539	7,504	0	2,291	76.04
76.05	03340	BARIATRIC CLINIC	2,794	6,219	2,272	0	694	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	489	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	2,669	1,420	519	0	158	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,450	51,901	18,964	0	5,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	489,351	951,771	324,200	960	97,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	342	2,817	1,029	0	314	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,044	44,204	16,151	0	4,932	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	17,339	97,810	35,738	0	10,913	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,891	85,462	31,226	352	9,535	194.02
194.03	07953	CENTER OF HOPE	53	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	543,020	1,182,064	408,344	1,312	122,750	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 11:17 am	
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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	117,301					10.00
11.00	01100	CAFETERIA	0	143,663				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,395	84,054			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,912	163	189,910		14.00
15.00	01500	PHARMACY	0	4,586	0	231	94,418	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	686	274	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,705	30,473	45,123	7,430	126	30.00
31.00	03100	INTENSIVE CARE UNIT	11,112	5,503	6,771	1,519	100	31.00
32.00	02060	CORONARY CARE UNIT	1,951	1,720	2,976	100	2	32.00
41.00	04100	SUBPROVIDER - IRF	0	3,834	6,644	1,090	9	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,055	3,501	10,725	10	50.00
50.01	05001	OUTPATIENT SURGERY	0	2,541	2,633	2,449	110	50.01
51.00	05100	RECOVERY ROOM	0	1,058	1,436	577	1	51.00
53.00	05300	ANESTHESIOLOGY	0	299	0	1,355	1,348	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,733	0	1,844	102	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,836	0	972	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	862	0	125	1	55.00
56.00	05600	RADIOISOTOPE	0	624	0	42	4,235	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,835	0	661	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,980	0	129	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	983	0	27	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	682	0	56	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,937	1,093	138	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	254	0	47	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	64,740	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	86,609	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	87,863	73.00
76.00	03630	ULTRA SOUND	0	807	101	160	85	76.00
76.01	03951	PAIN CLINIC	0	1,544	1,628	533	11	76.01
76.02	03952	CATH LAB	0	2,633	2,421	4,724	76	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	6,336	52	1	0	76.03
76.04	03954	WOUND CARE CENTER	0	888	0	288	165	76.04
76.05	03340	BARIATRIC CLINIC	0	1,146	976	43	7	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	293	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	839	0	636	1	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	10,821	8,262	2,656	159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,768	112,095	84,054	189,907	94,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	170	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,685	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	12,191	0	3	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	31,533	15,497	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	25	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	117,301	143,663	84,054	189,910	94,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 11:17 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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	108,779			16.00
17.00 01700	SOCIAL SERVICE	0	0		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,400	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	7,324	0	2,223,924	0 30.00
31.00 03100	INTENSIVE CARE UNIT	1,677	0	440,231	0 31.00
32.00 02060	CORONARY CARE UNIT	409	0	37,383	0 32.00
41.00 04100	SUBPROVIDER - I&R	1,776	0	179,226	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	304	0	6,425	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	9,339	0	1,021,559	0 50.00
50.01 05001	OUTPATIENT SURGERY	2,689	0	479,046	0 50.01
51.00 05100	RECOVERY ROOM	1,167	0	126,763	0 51.00
53.00 05300	ANESTHESIOLOGY	3,522	0	167,365	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,760	0	901,649	0 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	2,020	0	330,775	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	2,031	0	252,358	0 55.00
56.00 05600	RADIOISOTOPE	1,434	0	228,680	0 56.00
60.00 06000	LABORATORY	10,951	0	181,022	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	294	0	60,458	0 63.00
65.00 06500	RESPIRATORY THERAPY	3,218	0	135,546	0 65.00
66.00 06600	PHYSICAL THERAPY	2,706	0	91,526	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,160	0	16,363	0 67.00
68.00 06800	SPEECH PATHOLOGY	327	0	10,614	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,526	0	194,376	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	279	0	132,283	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,348	0	92,222	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,991	0	116,538	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,684	0	119,834	0 73.00
76.00 03630	ULTRA SOUND	1,715	0	244,530	0 76.00
76.01 03951	PAIN CLINIC	1,991	0	278,124	0 76.01
76.02 03952	CATH LAB	6,940	0	696,548	0 76.02
76.03 03953	ACTIVITY THERAPEUTIC	1,129	0	138,854	0 76.03
76.04 03954	WOUND CARE CENTER	318	0	140,364	0 76.04
76.05 03340	BARIATRIC CLINIC	125	0	47,031	0 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	825	0 76.07
76.08 03955	ANTI COAGULATION CLINIC	276	0	14,005	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0 76.09
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	7,349	0	557,732	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	108,779	0	9,664,179	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,557	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	324,414	0 192.00
192.01 19201	WORKING WELL	0	0	0	0 192.01
194.00 07950	RESIDENTIAL	0	0	672,947	0 194.00
194.01 07951	OMNI	0	0	0	0 194.01
194.02 07952	PSYCHIATRIC	0	0	626,218	0 194.02
194.03 07953	CENTER OF HOPE	0	0	83	0 194.03
200.00	Cross Foot Adjustments			4,400	0 200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	108,779	0	4,400	11,310,798	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 11:17 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	CORONARY CARE UNIT	32.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OUTPATIENT SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03630	ULTRA SOUND	76.00
76.01	03951	PAIN CLINIC	76.01
76.02	03952	CATH LAB	76.02
76.03	03953	ACTIVITY THERAPEUTIC	76.03
76.04	03954	WOUND CARE CENTER	76.04
76.05	03340	BARIATRIC CLINIC	76.05
76.06	03030	HEALTHY LIVING CENTER	76.06
76.07	03950	CV RESOURCE CENTER	76.07
76.08	03955	ANTI COAGULATION CLINIC	76.08
76.09	03956	LACTATION CLINIC	76.09
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	WORKING WELL	192.01
194.00	07950	RESIDENTIAL	194.00
194.01	07951	OMNI	194.01
194.02	07952	PSYCHIATRIC	194.02
194.03	07953	CENTER OF HOPE	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	463,952				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,554,786			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,613	2,622	56,809,036		4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	25,025	129,492	3,739,745	-25,496,228	129,441,711
6.00 00600	MAINTENANCE & REPAIRS	71,044	26,598	1,252,953	0	5,454,962
7.00 00700	OPERATION OF PLANT	19,977	8,051	407,719	0	4,114,233
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	312,840
9.00 00900	HOUSEKEEPING	5,389	3,345	1,289,994	0	2,146,049
10.00 01000	DIETARY	4,754	13,933	407,244	0	822,083
11.00 01100	CAFETERIA	6,863	0	403,362	0	399,404
13.00 01300	NURSING ADMINISTRATION	726	46,921	1,848,747	0	2,804,008
14.00 01400	CENTRAL SERVICES & SUPPLY	6,121	49,445	390,893	0	1,529,972
15.00 01500	PHARMACY	3,417	2,133	1,970,007	0	3,732,041
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	1,297	237,659	0	1,268,341
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,048,804
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	81,418	281,870	10,060,172	0	14,481,741
31.00 03100	INTENSIVE CARE UNIT	9,931	173,792	1,940,444	0	3,531,580
32.00 02060	CORONARY CARE UNIT	533	11,015	740,553	0	1,578,668
41.00 04100	SUBPROVIDER - I RF	5,938	20,881	2,144,997	0	4,489,658
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	936,744	0	1,340,576
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	563,348	2,098,042	0	6,026,089
50.01 05001	OUTPATIENT SURGERY	14,083	151,151	965,742	0	2,330,900
51.00 05100	RECOVERY ROOM	5,551	3,876	459,334	0	791,110
53.00 05300	ANESTHESIOLOGY	569	122,296	53,163	0	3,242,925
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,381	516,219	1,454,705	0	3,483,451
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	259,964	691,673	0	1,384,575
55.00 05500	RADIOLOGY-THERAPEUTIC	9,172	49,699	500,859	0	1,085,401
56.00 05600	RADIOISOTOPE	4,931	105,970	287,650	0	704,538
60.00 06000	LABORATORY	6,908	4,295	0	0	5,387,073
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	2,831	400,078
65.00 06500	RESPIRATORY THERAPY	3,256	48,768	848,256	0	1,698,565
66.00 06600	PHYSICAL THERAPY	1,452	16,503	3,028,447	0	7,369,202
67.00 06700	OCCUPATIONAL THERAPY	556	107	406,396	0	568,348
68.00 06800	SPEECH PATHOLOGY	0	6,941	287,679	0	409,229
69.00 06900	ELECTROCARDIOLOGY	3,808	94,689	682,076	0	1,140,677
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	19,852	85,720	0	229,414
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,799,458
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,421,355
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,597,503
76.00 03630	ULTRA SOUND	2,289	172,500	365,355	2,289	745,993
76.01 03951	PAIN CLINIC	12,323	11,679	605,074	0	1,094,456
76.02 03952	CATH LAB	9,038	432,473	1,022,911	0	3,221,370
76.03 03953	ACTIVITY THERAPEUTIC	5,706	150	2,069,635	0	2,919,741
76.04 03954	WOUND CARE CENTER	6,364	4,374	295,919	0	532,879
76.05 03340	BARIATRIC CLINIC	1,927	1,748	384,217	0	666,010
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	0	85,387	0	116,463
76.08 03955	ANTI COAGULATION CLINIC	440	255	422,539	0	636,325
76.09 03956	LACTATION CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	16,082	153,896	4,651,596	0	5,590,087
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	392,594	3,512,148	49,523,608	-25,496,228	116,648,175
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	873	0	20,941	0	81,477
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,697	1,146	4,871,379	0	8,115,412
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	30,307	14,529	2,383,855	0	4,133,373
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	26,481	26,963	0	0	450,722
194.03 07953	CENTER OF HOPE	0	0	9,253	0	12,552
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,373,517	3,937,281	20,255,006	25,496,228	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.892845	1.107600	0.356545	0.196971	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			28,539	543,020	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000502	0.004195	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
6.00	00600	366,270					6.00
7.00	00700	19,977	346,293				7.00
8.00	00800	0	0	668,367			8.00
9.00	00900	5,389	5,389	0	340,904		9.00
10.00	01000	4,754	4,754	0	4,754	199,899	10.00
11.00	01100	6,863	6,863	0	6,863	0	11.00
13.00	01300	726	726	0	726	0	13.00
14.00	01400	6,121	6,121	0	6,121	0	14.00
15.00	01500	3,417	3,417	0	3,417	0	15.00
16.00	01600	4,886	4,886	0	4,886	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	81,418	81,418	334,420	81,418	123,901	30.00
31.00	03100	9,931	9,931	51,111	9,931	18,936	31.00
32.00	02060	533	533	8,974	533	3,325	32.00
41.00	04100	5,938	5,938	80,612	5,938	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	13,850	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,488	16,488	0	16,488	0	50.00
50.01	05001	14,083	14,083	0	14,083	0	50.01
51.00	05100	5,551	5,551	0	5,551	0	51.00
53.00	05300	569	569	0	569	0	53.00
54.00	05400	14,381	14,381	0	14,381	0	54.00
54.01	05401	1,542	1,542	0	1,542	0	54.01
55.00	05500	9,172	9,172	0	9,172	0	55.00
56.00	05600	4,931	4,931	0	4,931	0	56.00
60.00	06000	6,908	6,908	0	6,908	0	60.00
63.00	06300	2,831	2,831	0	2,831	0	63.00
65.00	06500	3,256	3,256	0	3,256	0	65.00
66.00	06600	1,452	1,452	0	1,452	0	66.00
67.00	06700	556	556	0	556	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,808	3,808	0	3,808	0	69.00
70.00	07000	5,262	5,262	0	5,262	0	70.00
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	0	0	73.00
76.00	03630	2,289	2,289	0	2,289	0	76.00
76.01	03951	12,323	12,323	0	12,323	0	76.01
76.02	03952	9,038	9,038	0	9,038	0	76.02
76.03	03953	5,706	5,706	0	5,706	0	76.03
76.04	03954	6,364	6,364	0	6,364	0	76.04
76.05	03340	1,927	1,927	0	1,927	0	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	0	76.07
76.08	03955	440	440	0	440	0	76.08
76.09	03956	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	16,082	16,082	0	16,082	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		294,912	274,935	488,967	269,546	146,162	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	873	873	0	873	0	190.00
192.00	19200	13,697	13,697	0	13,697	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	30,307	30,307	0	30,307	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	26,481	26,481	179,400	26,481	53,737	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		6,529,431	5,280,744	374,460	2,747,006	1,179,562	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	17.826824	15.249352	0.560261	8.058005	5.900790	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,182,064	408,344	1,312	122,750	117,301	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.227302	1.179186	0.001963	0.360072	0.586801	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description			CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRS ING)	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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	70,176					11.00
13.00	01300	NURSING ADMINISTRATION	2,147	25,759				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	934	50	14,079,235			14.00
15.00	01500	PHARMACY	2,240	0	17,114	4,597,503		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	335	84	0	0	542,663,661	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,886	13,828	550,797	6,157	36,619,604	30.00
31.00	03100	INTENSIVE CARE UNIT	2,688	2,075	112,589	4,879	8,384,116	31.00
32.00	02060	CORONARY CARE UNIT	840	912	7,378	98	2,045,898	32.00
41.00	04100	SUBPROVIDER - IRF	1,873	2,036	80,772	419	8,881,511	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,521,465	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,446	1,073	795,070	465	46,697,316	50.00
50.01	05001	OUTPATIENT SURGERY	1,241	807	181,558	5,376	13,446,392	50.01
51.00	05100	RECOVERY ROOM	517	440	42,811	26	5,837,093	51.00
53.00	05300	ANESTHESIOLOGY	146	0	100,428	65,624	17,611,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,312	0	136,720	4,947	53,801,369	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	897	0	72,031	2	10,097,857	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	421	0	9,246	65	10,157,052	55.00
56.00	05600	RADIOISOTOPE	305	0	3,106	206,237	7,171,843	56.00
60.00	06000	LABORATORY	0	0	0	0	54,752,526	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,469,103	63.00
65.00	06500	RESPIRATORY THERAPY	1,385	0	49,039	0	16,088,970	65.00
66.00	06600	PHYSICAL THERAPY	3,898	0	9,553	47	13,528,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	480	0	2,013	0	5,799,706	67.00
68.00	06800	SPEECH PATHOLOGY	333	0	4,152	0	1,635,496	68.00
69.00	06900	ELECTROCARDIOLOGY	946	335	10,221	315	12,628,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124	0	3,465	0	1,392,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,799,458	0	36,739,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,421,355	0	14,956,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,278,273	62,188,460	73.00
76.00	03630	ULTRA SOUND	394	31	11,836	4,150	8,574,862	76.00
76.01	03951	PAIN CLINIC	754	499	39,485	555	9,955,892	76.01
76.02	03952	CATH LAB	1,286	742	350,197	3,713	34,699,875	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,095	16	44	0	5,644,260	76.03
76.04	03954	WOUND CARE CENTER	434	0	21,365	8,017	1,590,219	76.04
76.05	03340	BARITRIC CLINIC	560	299	3,194	342	622,532	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	143	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	410	0	47,115	50	1,378,815	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	756	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,286	2,532	196,931	7,746	36,743,046	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,756	25,759	14,079,043	4,597,503	542,663,661	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,800	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	5,955	0	192	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	7,570	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	12	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	760,378	3,409,442	2,099,852	4,634,523	1,733,896	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.835300	132.359253	0.149145	1.008052	0.003195	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	143,663	84,054	189,910	94,418	108,779	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.047181	3.263093	0.013489	0.020537	0.000200	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	17.00		22.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.04 00593 OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
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	542,663,661			17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,039	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	36,619,604		622	30.00
31.00 03100 INTENSIVE CARE UNIT	8,384,116		0	31.00
32.00 02060 CORONARY CARE UNIT	2,045,898		0	32.00
41.00 04100 SUBPROVIDER - I&R	8,881,511		0	41.00
42.00 04200 SUBPROVIDER	0		0	42.00
43.00 04300 NURSERY	1,521,465		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	46,697,316		46	50.00
50.01 05001 OUTPATIENT SURGERY	13,446,392		0	50.01
51.00 05100 RECOVERY ROOM	5,837,093		0	51.00
53.00 05300 ANESTHESIOLOGY	17,611,702		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	53,801,369		24	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	10,097,857		0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	10,157,052		0	55.00
56.00 05600 RADIOISOTOPE	7,171,843		0	56.00
60.00 06000 LABORATORY	54,752,526		0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,469,103		0	63.00
65.00 06500 RESPIRATORY THERAPY	16,088,970		0	65.00
66.00 06600 PHYSICAL THERAPY	13,528,550		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,799,706		0	67.00
68.00 06800 SPEECH PATHOLOGY	1,635,496		0	68.00
69.00 06900 ELECTROCARDIOLOGY	12,628,032		0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,392,572		0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	36,739,967		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,956,804		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	62,188,460		0	73.00
76.00 03630 ULTRA SOUND	8,574,862		0	76.00
76.01 03951 PAIN CLINIC	9,955,892		0	76.01
76.02 03952 CATH LAB	34,699,875		0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	5,644,260		0	76.03
76.04 03954 WOUND CARE CENTER	1,590,219		0	76.04
76.05 03340 BARIATRIC CLINIC	622,532		0	76.05
76.06 03030 HEALTHY LIVING CENTER	0		0	76.06
76.07 03950 CV RESOURCE CENTER	0		0	76.07
76.08 03955 ANTI COAGULATION CLINIC	1,378,815		0	76.08
76.09 03956 LACTATION CLINIC	756		0	76.09
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	36,743,046		347	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	542,663,661		1,039	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		0	192.00
192.01 19201 WORKING WELL	0		0	192.01
194.00 07950 RESIDENTIAL	0		0	194.00
194.01 07951 OMNI	0		0	194.01
194.02 07952 PSYCHIATRIC	0		0	194.02
194.03 07953 CENTER OF HOPE	0		0	194.03
200.00 Cross Foot Adjustments				200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	17.00	22.00		
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,255,388		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,208.265640		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	4,400		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	4.234841		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2018 11:17 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		23,798,637	5,091	23,803,728	30.00
31.00	03100 INTENSIVE CARE UNIT		5,128,341	17,805	5,146,146	31.00
32.00	02060 CORONARY CARE UNIT		2,073,743	0	2,073,743	32.00
41.00	04100 SUBPROVIDER - IRF		5,994,032	0	5,994,032	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,617,252	0	1,617,252	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		8,338,881	118	8,338,999	50.00
50.01	05001 OUTPATIENT SURGERY		3,565,032	2,509	3,567,541	50.01
51.00	05100 RECOVERY ROOM		1,264,173	0	1,264,173	51.00
53.00	05300 ANESTHESIOLOGY		4,044,073	0	4,044,073	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,983,465	0	4,983,465	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,773,452	0	1,773,452	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,714,936	0	1,714,936	55.00
56.00	05600 RADIOISOTOPE		1,280,725	0	1,280,725	56.00
60.00	06000 LABORATORY		6,907,260	18,416	6,925,676	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		600,027	0	600,027	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,240,791	2,388	2,243,179	65.00
66.00	06600 PHYSICAL THERAPY	0	8,967,380	0	8,967,380	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	727,198	0	727,198	67.00
68.00	06800 SPEECH PATHOLOGY	0	499,287	0	499,287	68.00
69.00	06900 ELECTROCARDIOLOGY		1,618,776	0	1,618,776	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		497,360	0	497,360	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,578,011	0	6,578,011	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,691,683	0	8,691,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,014,580	0	10,014,580	73.00
76.00	03630 ULTRA SOUND		1,028,806	0	1,028,806	76.00
76.01	03951 PAIN CLINIC		1,929,403	0	1,929,403	76.01
76.02	03952 CATH LAB		4,506,641	315	4,506,956	76.02
76.03	03953 ACTIVITY THERAPEUTIC		3,783,250	0	3,783,250	76.03
76.04	03954 WOUND CARE CENTER		920,671	647	921,318	76.04
76.05	03340 BARIATRIC CLINIC		924,914	0	924,914	76.05
76.06	03030 HEALTHY LIVING CENTER		0	0	0	76.06
76.07	03950 CV RESOURCE CENTER		140,952	0	140,952	76.07
76.08	03955 ANTI COAGULATION CLINIC		795,687	303	795,990	76.08
76.09	03956 LACTATION CLINIC		2	0	2	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		7,899,674	25,863	7,925,537	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,023,057	0	5,023,057	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		139,872,152	73,455	139,945,607	200.00
201.00	Less Observation Beds		5,023,057	0	5,023,057	201.00
202.00	Total (see instructions)		134,849,095	73,455	134,922,550	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 11:17 am	
				Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
				9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,278,921		29,278,921		30.00
31.00	03100	INTENSIVE CARE UNIT	8,384,116		8,384,116		31.00
32.00	02060	CORONARY CARE UNIT	2,045,898		2,045,898		32.00
41.00	04100	SUBPROVIDER - I RF	8,881,511		8,881,511		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,521,465		1,521,465		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,106,819	25,590,497	46,697,316	0.178573	50.00
50.01	05001	OUTPATIENT SURGERY	4,997,425	8,448,967	13,446,392	0.265129	50.01
51.00	05100	RECOVERY ROOM	2,535,092	3,302,001	5,837,093	0.216576	51.00
53.00	05300	ANESTHESIOLOGY	6,892,440	10,719,262	17,611,702	0.229624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,053,247	37,748,122	53,801,369	0.092627	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,080,431	8,017,426	10,097,857	0.175627	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	367,379	9,789,673	10,157,052	0.168842	55.00
56.00	05600	RADIOISOTOPE	881,275	6,290,568	7,171,843	0.178577	56.00
60.00	06000	LABORATORY	24,883,348	29,869,178	54,752,526	0.126154	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,150,115	318,988	1,469,103	0.408431	63.00
65.00	06500	RESPIRATORY THERAPY	13,684,711	2,404,259	16,088,970	0.139275	65.00
66.00	06600	PHYSICAL THERAPY	5,940,483	7,588,067	13,528,550	0.662849	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,519,973	2,279,733	5,799,706	0.125385	67.00
68.00	06800	SPEECH PATHOLOGY	1,556,441	79,055	1,635,496	0.305282	68.00
69.00	06900	ELECTROCARDIOLOGY	10,275,412	2,352,620	12,628,032	0.128189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	292,201	1,100,371	1,392,572	0.357152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,369,523	16,370,444	36,739,967	0.179042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,702,366	5,254,438	14,956,804	0.581119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,801,992	16,386,468	62,188,460	0.161036	73.00
76.00	03630	ULTRA SOUND	2,428,575	6,146,287	8,574,862	0.119979	76.00
76.01	03951	PAIN CLINIC	41,812	9,914,080	9,955,892	0.193795	76.01
76.02	03952	CATH LAB	11,440,774	23,259,101	34,699,875	0.129875	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,258,652	2,385,608	5,644,260	0.670283	76.03
76.04	03954	WOUND CARE CENTER	11,784	1,578,435	1,590,219	0.578959	76.04
76.05	03340	BARIATRIC CLINIC	1,776	620,756	622,532	1.485729	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	7,553	1,371,262	1,378,815	0.577080	76.08
76.09	03956	LACTATION CLINIC	0	756	756	0.002646	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,672,740	27,070,306	36,743,046	0.214998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,218,463	5,122,220	7,340,683	0.684277	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	271,284,713	271,378,948	542,663,661		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	271,284,713	271,378,948	542,663,661		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 11:17 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178576		50.00
50.01	05001	OUTPATIENT SURGERY	0.265316		50.01
51.00	05100	RECOVERY ROOM	0.216576		51.00
53.00	05300	ANESTHESIOLOGY	0.229624		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092627		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.175627		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168842		55.00
56.00	05600	RADIOISOTOPE	0.178577		56.00
60.00	06000	LABORATORY	0.126491		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.408431		63.00
65.00	06500	RESPIRATORY THERAPY	0.139423		65.00
66.00	06600	PHYSICAL THERAPY	0.662849		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125385		67.00
68.00	06800	SPEECH PATHOLOGY	0.305282		68.00
69.00	06900	ELECTROCARDIOLOGY	0.128189		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357152		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.581119		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161036		73.00
76.00	03630	ULTRA SOUND	0.119979		76.00
76.01	03951	PAIN CLINIC	0.193795		76.01
76.02	03952	CATH LAB	0.129884		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.670283		76.03
76.04	03954	WOUND CARE CENTER	0.579365		76.04
76.05	03340	BARIATRIC CLINIC	1.485729		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTI COAGULATION CLINIC	0.577300		76.08
76.09	03956	LACTATION CLINIC	0.002646		76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215702		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.684277		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 11:17 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		23,798,637	5,091	23,803,728	30.00
31.00	03100 INTENSIVE CARE UNIT		5,128,341	17,805	5,146,146	31.00
32.00	02060 CORONARY CARE UNIT		2,073,743	0	2,073,743	32.00
41.00	04100 SUBPROVIDER - IRF		5,994,032	0	5,994,032	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,617,252	0	1,617,252	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		8,338,881	118	8,338,999	50.00
50.01	05001 OUTPATIENT SURGERY		3,565,032	2,509	3,567,541	50.01
51.00	05100 RECOVERY ROOM		1,264,173	0	1,264,173	51.00
53.00	05300 ANESTHESIOLOGY		4,044,073	0	4,044,073	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,983,465	0	4,983,465	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		1,773,452	0	1,773,452	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,714,936	0	1,714,936	55.00
56.00	05600 RADIOISOTOPE		1,280,725	0	1,280,725	56.00
60.00	06000 LABORATORY		6,907,260	18,416	6,925,676	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		600,027	0	600,027	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,240,791	2,388	2,243,179	65.00
66.00	06600 PHYSICAL THERAPY	0	8,967,380	0	8,967,380	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	727,198	0	727,198	67.00
68.00	06800 SPEECH PATHOLOGY	0	499,287	0	499,287	68.00
69.00	06900 ELECTROCARDIOLOGY		1,618,776	0	1,618,776	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		497,360	0	497,360	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,578,011	0	6,578,011	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,691,683	0	8,691,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,014,580	0	10,014,580	73.00
76.00	03630 ULTRA SOUND		1,028,806	0	1,028,806	76.00
76.01	03951 PAIN CLINIC		1,929,403	0	1,929,403	76.01
76.02	03952 CATH LAB		4,506,641	315	4,506,956	76.02
76.03	03953 ACTIVITY THERAPEUTIC		3,783,250	0	3,783,250	76.03
76.04	03954 WOUND CARE CENTER		920,671	647	921,318	76.04
76.05	03340 BARIATRIC CLINIC		924,914	0	924,914	76.05
76.06	03030 HEALTHY LIVING CENTER		0	0	0	76.06
76.07	03950 CV RESOURCE CENTER		140,952	0	140,952	76.07
76.08	03955 ANTI COAGULATION CLINIC		795,687	303	795,990	76.08
76.09	03956 LACTATION CLINIC		2	0	2	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		7,899,674	25,863	7,925,537	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,023,057	0	5,023,057	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		139,872,152	73,455	139,945,607	200.00
201.00	Less Observation Beds		5,023,057	0	5,023,057	201.00
202.00	Total (see instructions)		134,849,095	73,455	134,922,550	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/31/2018 11:17 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,278,921		29,278,921			30.00
31.00	03100	INTENSIVE CARE UNIT	8,384,116		8,384,116			31.00
32.00	02060	CORONARY CARE UNIT	2,045,898		2,045,898			32.00
41.00	04100	SUBPROVIDER - I RF	8,881,511		8,881,511			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,521,465		1,521,465			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,106,819	25,590,497	46,697,316	0.178573	0.178573	50.00
50.01	05001	OUTPATIENT SURGERY	4,997,425	8,448,967	13,446,392	0.265129	0.265129	50.01
51.00	05100	RECOVERY ROOM	2,535,092	3,302,001	5,837,093	0.216576	0.216576	51.00
53.00	05300	ANESTHESIOLOGY	6,892,440	10,719,262	17,611,702	0.229624	0.229624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,053,247	37,748,122	53,801,369	0.092627	0.092627	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,080,431	8,017,426	10,097,857	0.175627	0.175627	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	367,379	9,789,673	10,157,052	0.168842	0.168842	55.00
56.00	05600	RADIOISOTOPE	881,275	6,290,568	7,171,843	0.178577	0.178577	56.00
60.00	06000	LABORATORY	24,883,348	29,869,178	54,752,526	0.126154	0.126154	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,150,115	318,988	1,469,103	0.408431	0.408431	63.00
65.00	06500	RESPIRATORY THERAPY	13,684,711	2,404,259	16,088,970	0.139275	0.139275	65.00
66.00	06600	PHYSICAL THERAPY	5,940,483	7,588,067	13,528,550	0.662849	0.662849	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,519,973	2,279,733	5,799,706	0.125385	0.125385	67.00
68.00	06800	SPEECH PATHOLOGY	1,556,441	79,055	1,635,496	0.305282	0.305282	68.00
69.00	06900	ELECTROCARDIOLOGY	10,275,412	2,352,620	12,628,032	0.128189	0.128189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	292,201	1,100,371	1,392,572	0.357152	0.357152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,369,523	16,370,444	36,739,967	0.179042	0.179042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,702,366	5,254,438	14,956,804	0.581119	0.581119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,801,992	16,386,468	62,188,460	0.161036	0.161036	73.00
76.00	03630	ULTRA SOUND	2,428,575	6,146,287	8,574,862	0.119979	0.119979	76.00
76.01	03951	PAIN CLINIC	41,812	9,914,080	9,955,892	0.193795	0.193795	76.01
76.02	03952	CATH LAB	11,440,774	23,259,101	34,699,875	0.129875	0.129875	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,258,652	2,385,608	5,644,260	0.670283	0.670283	76.03
76.04	03954	WOUND CARE CENTER	11,784	1,578,435	1,590,219	0.578959	0.578959	76.04
76.05	03340	BARIATRIC CLINIC	1,776	620,756	622,532	1.485729	1.485729	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	7,553	1,371,262	1,378,815	0.577080	0.577080	76.08
76.09	03956	LACTATION CLINIC	0	756	756	0.002646	0.002646	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,672,740	27,070,306	36,743,046	0.214998	0.214998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,218,463	5,122,220	7,340,683	0.684277	0.684277	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	271,284,713	271,378,948	542,663,661			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	271,284,713	271,378,948	542,663,661			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	02060	CORONARY CARE UNIT				32.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	OUTPATIENT SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03630	ULTRA SOUND	0.000000			76.00
76.01	03951	PAIN CLINIC	0.000000			76.01
76.02	03952	CATH LAB	0.000000			76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000			76.03
76.04	03954	WOUND CARE CENTER	0.000000			76.04
76.05	03340	BARIATRIC CLINIC	0.000000			76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000			76.06
76.07	03950	CV RESOURCE CENTER	0.000000			76.07
76.08	03955	ANTI COAGULATION CLINIC	0.000000			76.08
76.09	03956	LACTATION CLINIC	0.000000			76.09
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,223,924	0	2,223,924	23,249	95.66	30.00	
31.00	INTENSIVE CARE UNIT	440,231		440,231	2,694	163.41	31.00	
32.00	CORONARY CARE UNIT	37,383		37,383	473	79.03	32.00	
41.00	SUBPROVIDER - IRF	179,226	0	179,226	6,929	25.87	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	6,425		6,425	730	8.80	43.00	
200.00	Total (lines 30 through 199)	2,887,189		2,887,189	34,075		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	8,697	831,955					30.00
31.00	INTENSIVE CARE UNIT	1,334	217,989					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
41.00	SUBPROVIDER - IRF	4,967	128,496					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	14,998	1,178,440					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/31/2018 11:17 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,021,559	46,697,316	0.021876	9,585,698	209,697	50.00
50.01	05001	OUTPATIENT SURGERY	479,046	13,446,392	0.035626	950,570	33,865	50.01
51.00	05100	RECOVERY ROOM	126,763	5,837,093	0.021717	1,044,347	22,680	51.00
53.00	05300	ANESTHESIOLOGY	167,365	17,611,702	0.009503	2,385,410	22,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	901,649	53,801,369	0.016759	7,873,501	131,952	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	330,775	10,097,857	0.032757	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	252,358	10,157,052	0.024846	177,162	4,402	55.00
56.00	05600	RADIOISOTOPE	228,680	7,171,843	0.031886	625,411	19,942	56.00
60.00	06000	LABORATORY	181,022	54,752,526	0.003306	11,804,938	39,027	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	60,458	1,469,103	0.041153	694,452	28,579	63.00
65.00	06500	RESPIRATORY THERAPY	135,546	16,088,970	0.008425	7,397,958	62,328	65.00
66.00	06600	PHYSICAL THERAPY	91,526	13,528,550	0.006765	998,776	6,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,363	5,799,706	0.002821	635,157	1,792	67.00
68.00	06800	SPEECH PATHOLOGY	10,614	1,635,496	0.006490	256,516	1,665	68.00
69.00	06900	ELECTROCARDIOLOGY	194,376	12,628,032	0.015392	7,186,282	110,611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,283	1,392,572	0.094992	159,219	15,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,222	36,739,967	0.002510	6,514,270	16,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,538	14,956,804	0.007792	4,589,440	35,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,834	62,188,460	0.001927	20,485,733	39,476	73.00
76.00	03630	ULTRA SOUND	244,530	8,574,862	0.028517	699,368	19,944	76.00
76.01	03951	PAIN CLINIC	278,124	9,955,892	0.027936	33,711	942	76.01
76.02	03952	CATH LAB	696,548	34,699,875	0.020074	785,704	15,772	76.02
76.03	03953	ACTIVITY THERAPEUTIC	138,854	5,644,260	0.024601	50,416	1,240	76.03
76.04	03954	WOUND CARE CENTER	140,364	1,590,219	0.088267	1,128	100	76.04
76.05	03340	BARIATRIC CLINIC	47,031	622,532	0.075548	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	825	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	14,005	1,378,815	0.010157	3,986	40	76.08
76.09	03956	LACTATION CLINIC	0	756	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	557,732	36,743,046	0.015179	3,453,529	52,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	469,294	7,340,683	0.063931	1,250,047	79,917	92.00
200.00		Total (lines 50 through 199)	7,246,284	492,551,750		89,642,729	973,055	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/31/2018 11:17 am
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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		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			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	0	23,249	0.00	8,697	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,694	0.00	1,334	31.00	
32.00	02060	CORONARY CARE UNIT	0	0	473	0.00	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	6,929	0.00	4,967	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	730	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	34,075	0.00	14,998	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	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	02060	CORONARY CARE UNIT	0						32.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	46,697,316	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	13,446,392	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	5,837,093	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,611,702	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,801,369	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	10,097,857	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,157,052	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,171,843	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	54,752,526	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,469,103	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,088,970	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,528,550	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,799,706	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,635,496	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,628,032	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,392,572	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,739,967	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,956,804	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	62,188,460	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	8,574,862	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	9,955,892	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	34,699,875	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,644,260	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	1,590,219	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	622,532	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	ANTI COAGULATION CLINIC	0	0	0	1,378,815	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	756	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	36,743,046	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,340,683	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	492,551,750		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
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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	0.000000	9,585,698	0	9,902,459	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.000000	950,570	0	1,778,147	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	1,044,347	0	3,179,942	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,385,410	0	2,535,298	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,873,501	0	11,142,024	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	1,086,997	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	177,162	0	2,585,535	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	625,411	0	3,227,647	0	56.00
60.00	06000 LABORATORY	0.000000	11,804,938	0	4,909,646	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	694,452	0	61,250	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,397,958	0	245,033	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	998,776	0	62,975	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	635,157	0	84,485	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	256,516	0	54,781	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,186,282	0	1,709,231	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	159,219	0	287,325	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,514,270	0	3,018,402	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,589,440	0	3,357,247	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	20,485,733	0	5,981,488	0	73.00
76.00	03630 ULTRA SOUND	0.000000	699,368	0	947,697	0	76.00
76.01	03951 PAIN CLINIC	0.000000	33,711	0	0	0	76.01
76.02	03952 CATH LAB	0.000000	785,704	0	8,623,803	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.000000	50,416	0	91,510	0	76.03
76.04	03954 WOUND CARE CENTER	0.000000	1,128	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0.000000	3,986	0	1,170,103	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	3,453,529	0	4,246,959	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,250,047	0	1,327,914	0	92.00
200.00	Total (lines 50 through 199)		89,642,729	0	71,617,898	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.178573	9,902,459	0	0	1,768,312 50.00
50.01 05001 OUTPATIENT SURGERY	0.265129	1,778,147	0	0	471,438 50.01
51.00 05100 RECOVERY ROOM	0.216576	3,179,942	0	0	688,699 51.00
53.00 05300 ANESTHESIOLOGY	0.229624	2,535,298	0	0	582,165 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.092627	11,142,024	0	0	1,032,052 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.175627	1,086,997	0	0	190,906 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.168842	2,585,535	0	0	436,547 55.00
56.00 05600 RADIOISOTOPE	0.178577	3,227,647	0	0	576,384 56.00
60.00 06000 LABORATORY	0.126154	4,909,646	0	0	619,371 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.408431	61,250	0	0	25,016 63.00
65.00 06500 RESPIRATORY THERAPY	0.139275	245,033	0	0	34,127 65.00
66.00 06600 PHYSICAL THERAPY	0.662849	62,975	0	0	41,743 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.125385	84,485	0	0	10,593 67.00
68.00 06800 SPEECH PATHOLOGY	0.305282	54,781	0	0	16,724 68.00
69.00 06900 ELECTROCARDIOLOGY	0.128189	1,709,231	0	0	219,105 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.357152	287,325	0	0	102,619 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	3,018,402	0	0	540,421 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.581119	3,357,247	0	0	1,950,960 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.161036	5,981,488	0	87,217	963,235 73.00
76.00 03630 ULTRA SOUND	0.119979	947,697	0	0	113,704 76.00
76.01 03951 PAIN CLINIC	0.193795	0	0	0	0 76.01
76.02 03952 CATH LAB	0.129875	8,623,803	0	0	1,120,016 76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.670283	91,510	0	0	61,338 76.03
76.04 03954 WOUND CARE CENTER	0.578959	0	0	0	0 76.04
76.05 03340 BARIATRIC CLINIC	1.485729	0	0	0	0 76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0 76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0 76.07
76.08 03955 ANTI COAGULATION CLINIC	0.577080	1,170,103	0	0	675,243 76.08
76.09 03956 LACTATION CLINIC	0.002646	0	0	0	0 76.09
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.214998	4,246,959	0	0	913,088 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.684277	1,327,914	0	0	908,661 92.00
200.00		Subtotal (see instructions)	71,617,898	0	87,217 14,062,467 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0 201.00
202.00		Net Charges (line 200 - line 201)	71,617,898	0	87,217 14,062,467 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,045		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	14,045		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	14,045		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 11:17 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,021,559	46,697,316	0.021876	161,343	3,530	50.00
50.01	05001	OUTPATIENT SURGERY	479,046	13,446,392	0.035626	18,515	660	50.01
51.00	05100	RECOVERY ROOM	126,763	5,837,093	0.021717	8,056	175	51.00
53.00	05300	ANESTHESIOLOGY	167,365	17,611,702	0.009503	20,596	196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	901,649	53,801,369	0.016759	549,606	9,211	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	330,775	10,097,857	0.032757	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	252,358	10,157,052	0.024846	66,928	1,663	55.00
56.00	05600	RADIOISOTOPE	228,680	7,171,843	0.031886	6,365	203	56.00
60.00	06000	LABORATORY	181,022	54,752,526	0.003306	1,079,782	3,570	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	60,458	1,469,103	0.041153	25,542	1,051	63.00
65.00	06500	RESPIRATORY THERAPY	135,546	16,088,970	0.008425	1,125,075	9,479	65.00
66.00	06600	PHYSICAL THERAPY	91,526	13,528,550	0.006765	2,847,985	19,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,363	5,799,706	0.002821	2,619,530	7,390	67.00
68.00	06800	SPEECH PATHOLOGY	10,614	1,635,496	0.006490	822,017	5,335	68.00
69.00	06900	ELECTROCARDIOLOGY	194,376	12,628,032	0.015392	279,033	4,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,283	1,392,572	0.094992	16,096	1,529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	92,222	36,739,967	0.002510	815,394	2,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,538	14,956,804	0.007792	56,631	441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,834	62,188,460	0.001927	2,037,230	3,926	73.00
76.00	03630	ULTRA SOUND	244,530	8,574,862	0.028517	92,778	2,646	76.00
76.01	03951	PAIN CLINIC	278,124	9,955,892	0.027936	0	0	76.01
76.02	03952	CATH LAB	696,548	34,699,875	0.020074	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	138,854	5,644,260	0.024601	72	2	76.03
76.04	03954	WOUND CARE CENTER	140,364	1,590,219	0.088267	0	0	76.04
76.05	03340	BARIATRIC CLINIC	47,031	622,532	0.075548	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	825	0	0.000000	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	14,005	1,378,815	0.010157	2,459	25	76.08
76.09	03956	LACTATION CLINIC	0	756	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	557,732	36,743,046	0.015179	309,096	4,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,340,683	0.000000	5,856	0	92.00
200.00		Total (lines 50 through 199)	6,776,990	492,551,750		12,965,985	81,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
Title XVIII		Subprovider - IRF	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	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02 03952 CATH LAB	0	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
Title XVIII		Subprovider - IRF	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	0	0	46,697,316	0.000000	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	13,446,392	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	5,837,093	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	17,611,702	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	53,801,369	0.000000	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	10,097,857	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	10,157,052	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,171,843	0.000000	56.00
60.00 06000 LABORATORY	0	0	0	54,752,526	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,469,103	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,088,970	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	13,528,550	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,799,706	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,635,496	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,628,032	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,392,572	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,739,967	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,956,804	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	62,188,460	0.000000	73.00
76.00 03630 ULTRA SOUND	0	0	0	8,574,862	0.000000	76.00
76.01 03951 PAIN CLINIC	0	0	0	9,955,892	0.000000	76.01
76.02 03952 CATH LAB	0	0	0	34,699,875	0.000000	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	5,644,260	0.000000	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	1,590,219	0.000000	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	622,532	0.000000	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	1,378,815	0.000000	76.08
76.09 03956 LACTATION CLINIC	0	0	0	756	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	36,743,046	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,340,683	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	492,551,750		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am	
				Title XVIII		Subprovider - IRF	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	0.000000	161,343	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	18,515	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	8,056	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	20,596	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	549,606	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	66,928	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	6,365	0	0	56.00
60.00	06000	LABORATORY	0.000000	1,079,782	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	25,542	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,125,075	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,847,985	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,619,530	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	822,017	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	279,033	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	16,096	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	815,394	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	56,631	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,037,230	0	0	73.00
76.00	03630	ULTRA SOUND	0.000000	92,778	0	0	76.00
76.01	03951	PAIN CLINIC	0.000000	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	72	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.000000	2,459	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	309,096	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	5,856	0	0	92.00
200.00		Total (lines 50 through 199)		12,965,985	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.178573	4,574,172	0	0	816,824 50.00
50.01 05001 OUTPATIENT SURGERY	0.265129	480,692	0	0	127,445 50.01
51.00 05100 RECOVERY ROOM	0.216576	73,936	0	0	16,013 51.00
53.00 05300 ANESTHESIOLOGY	0.229624	1,609,515	0	0	369,583 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.092627	3,343,152	0	0	309,666 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.175627	127,397	0	0	22,374 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.168842	948,804	0	0	160,198 55.00
56.00 05600 RADIOISOTOPE	0.178577	638,880	0	0	114,089 56.00
60.00 06000 LABORATORY	0.126154	3,464,682	0	0	437,083 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.408431	11,053	0	0	4,514 63.00
65.00 06500 RESPIRATORY THERAPY	0.139275	119,794	0	0	16,684 65.00
66.00 06600 PHYSICAL THERAPY	0.662849	2,999,037	0	0	1,987,909 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.125385	909,543	0	0	114,043 67.00
68.00 06800 SPEECH PATHOLOGY	0.305282	9,021	0	0	2,754 68.00
69.00 06900 ELECTROCARDIOLOGY	0.128189	616,294	0	0	79,002 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.357152	94,801	0	0	33,858 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	869,184	0	0	155,620 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.581119	847,744	0	0	492,640 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.161036	2,137,761	0	0	344,256 73.00
76.00 03630 ULTRA SOUND	0.119979	839,191	0	0	100,685 76.00
76.01 03951 PAIN CLINIC	0.193795	205,814	0	0	39,886 76.01
76.02 03952 CATH LAB	0.129875	102,407	0	0	13,300 76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.670283	1,750	0	0	1,173 76.03
76.04 03954 WOUND CARE CENTER	0.578959	205,879	0	0	119,195 76.04
76.05 03340 BARIATRIC CLINIC	1.485729	0	0	0	0 76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0 76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0 76.07
76.08 03955 ANTI COAGULATION CLINIC	0.577080	0	0	0	0 76.08
76.09 03956 LACTATION CLINIC	0.002646	0	0	0	0 76.09
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.214998	2,524,264	0	0	542,712 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.684277	0	0	0	0 92.00
200.00		Subtotal (see instructions)	27,754,767	0	6,421,506 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0 201.00
202.00		Net Charges (line 200 - line 201)	27,754,767	0	6,421,506 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Subprovider - IRF	TEFRA

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	1,021,559	46,697,316	0.021876	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	479,046	13,446,392	0.035626	0	0	50.01
51.00	05100 RECOVERY ROOM	126,763	5,837,093	0.021717	0	0	51.00
53.00	05300 ANESTHESIOLOGY	167,365	17,611,702	0.009503	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	901,649	53,801,369	0.016759	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	330,775	10,097,857	0.032757	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	252,358	10,157,052	0.024846	286	7	55.00
56.00	05600 RADIO SOTOPE	228,680	7,171,843	0.031886	0	0	56.00
60.00	06000 LABORATORY	181,022	54,752,526	0.003306	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	60,458	1,469,103	0.041153	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	135,546	16,088,970	0.008425	0	0	65.00
66.00	06600 PHYSICAL THERAPY	91,526	13,528,550	0.006765	88,007	595	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,363	5,799,706	0.002821	77,064	217	67.00
68.00	06800 SPEECH PATHOLOGY	10,614	1,635,496	0.006490	15,342	100	68.00
69.00	06900 ELECTROCARDIOLOGY	194,376	12,628,032	0.015392	666	10	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,283	1,392,572	0.094992	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	92,222	36,739,967	0.002510	2,254	6	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	116,538	14,956,804	0.007792	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	119,834	62,188,460	0.001927	0	0	73.00
76.00	03630 ULTRA SOUND	244,530	8,574,862	0.028517	0	0	76.00
76.01	03951 PAIN CLINIC	278,124	9,955,892	0.027936	0	0	76.01
76.02	03952 CATH LAB	696,548	34,699,875	0.020074	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	138,854	5,644,260	0.024601	1,802	44	76.03
76.04	03954 WOUND CARE CENTER	140,364	1,590,219	0.088267	0	0	76.04
76.05	03340 BARIATRIC CLINIC	47,031	622,532	0.075548	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950 CV RESOURCE CENTER	825	0	0.000000	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	14,005	1,378,815	0.010157	0	0	76.08
76.09	03956 LACTATION CLINIC	0	756	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	557,732	36,743,046	0.015179	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,340,683	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	6,776,990	492,551,750		185,421	979	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Subprovider - IRF	TEFRA

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	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Subprovider - IRF	TEFRA

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	0	0	46,697,316	0.000000	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	13,446,392	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	5,837,093	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	17,611,702	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	53,801,369	0.000000	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	10,097,857	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	10,157,052	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,171,843	0.000000	56.00
60.00 06000 LABORATORY	0	0	0	54,752,526	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,469,103	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	16,088,970	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	13,528,550	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,799,706	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,635,496	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,628,032	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,392,572	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,739,967	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,956,804	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	62,188,460	0.000000	73.00
76.00 03630 ULTRA SOUND	0	0	0	8,574,862	0.000000	76.00
76.01 03951 PAIN CLINIC	0	0	0	9,955,892	0.000000	76.01
76.02 03952 CATH LAB	0	0	0	34,699,875	0.000000	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	5,644,260	0.000000	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	1,590,219	0.000000	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	622,532	0.000000	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	0	1,378,815	0.000000	76.08
76.09 03956 LACTATION CLINIC	0	0	0	756	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	36,743,046	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,340,683	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	492,551,750		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 11:17 am	
				Title XIX		Subprovider - IRF	TEFRA
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	0.000000	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	286	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	88,007	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	77,064	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	15,342	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	666	0	15,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,254	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	0.000000	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.000000	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.000000	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	1,802	0	636	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.000000	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		185,421	0	16,296	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.178573	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0.265129	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.216576	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.229624	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.092627	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.175627	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.168842	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.178577	0	0	0	0	56.00
60.00 06000 LABORATORY	0.126154	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.408431	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.139275	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.662849	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.125385	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.305282	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.128189	15,660	0	0	2,007	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.357152	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.581119	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.161036	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.119979	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.193795	0	0	0	0	76.01
76.02 03952 CATH LAB	0.129875	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.670283	636	0	0	426	76.03
76.04 03954 WOUND CARE CENTER	0.578959	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	1.485729	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0.577080	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.002646	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.214998	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.684277	0	0	0	0	92.00
200.00 Subtotal (see instructions)		16,296	0	0	2,433	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		16,296	0	0	2,433	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 11:17 am
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03630 ULTRA SOUND	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	76.01
76.02 03952 CATH LAB	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	76.07
76.08 03955 ANTI COAGULATION CLINIC	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	76.09
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,249	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,249	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)		18,343	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)		8,697	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)		23,803,728	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		23,803,728	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)		23,803,728	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,023.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,904,510	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)		8,904,510	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,146,146	2,694	1,910.22	1,334	2,548,233	43.00
44.00	CORONARY CARE UNIT	2,073,743	473	4,384.23	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)					17,176,982	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,629,725	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)					1,049,944	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					973,055	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,022,999	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,606,726	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)					4,906	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,023.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,023,057	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,223,924	23,803,728	0.093428	5,023,057	469,294	90.00
91.00	Nursing School cost	0	23,803,728	0.000000	5,023,057	0	91.00
92.00	Allied health cost	0	23,803,728	0.000000	5,023,057	0	92.00
93.00	All other Medical Education	0	23,803,728	0.000000	5,023,057	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,929	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,929	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,967	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,994,032	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,994,032	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,994,032	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)		865.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,296,753	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,296,753	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,506,363	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,803,116	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)					128,496	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					81,333	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					209,829	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					7,593,287	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: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	179,226	5,994,032	0.029901	0	0	90.00
91.00	Nursing School cost	0	5,994,032	0.000000	0	0	91.00
92.00	Allied health cost	0	5,994,032	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,994,032	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am
		Title XIX	Subprovider - IRF	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,929	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,929	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)		368	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)		730	15.00
16.00	Nursery days (title V or XIX only)		117	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,994,032	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,994,032	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,994,032	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)		865.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		318,342	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)		318,342	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 15-T090		Date/Time Prepared: 5/31/2018 11:17 am		
				Title XIX	Subprovider - IRF	TEFRA		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						74,427		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						392,769		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						979		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						979		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						391,790		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						33		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)						-391,790		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)						979		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: 15-0090 Component CCN: 15-T090		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 11:17 am	
		Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	5,994,032	0.000000	0	0	90.00
91.00	Nursing School cost	0	5,994,032	0.000000	0	0	91.00
92.00	Allied health cost	0	5,994,032	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,994,032	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,108,394	30.00
31.00	03100	INTENSIVE CARE UNIT		3,666,886	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178576	9,585,698	50.00
50.01	05001	OUTPATIENT SURGERY	0.265316	950,570	50.01
51.00	05100	RECOVERY ROOM	0.216576	1,044,347	51.00
53.00	05300	ANESTHESIOLOGY	0.229624	2,385,410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092627	7,873,501	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.175627	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168842	177,162	55.00
56.00	05600	RADIOISOTOPE	0.178577	625,411	56.00
60.00	06000	LABORATORY	0.126491	11,804,938	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.408431	694,452	63.00
65.00	06500	RESPIRATORY THERAPY	0.139423	7,397,958	65.00
66.00	06600	PHYSICAL THERAPY	0.662849	998,776	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125385	635,157	67.00
68.00	06800	SPEECH PATHOLOGY	0.305282	256,516	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128189	7,186,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357152	159,219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	6,514,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.581119	4,589,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161036	20,485,733	73.00
76.00	03630	ULTRA SOUND	0.119979	699,368	76.00
76.01	03951	PAIN CLINIC	0.193795	33,711	76.01
76.02	03952	CATH LAB	0.129884	785,704	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.670283	50,416	76.03
76.04	03954	WOUND CARE CENTER	0.579365	1,128	76.04
76.05	03340	BARIATRIC CLINIC	1.485729	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.577300	3,986	76.08
76.09	03956	LACTATION CLINIC	0.002646	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215702	3,453,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.684277	1,250,047	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		89,642,729	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)		89,642,729	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 11:17 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		6,366,509	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178576	161,343	50.00
50.01	05001	OUTPATIENT SURGERY	0.265316	18,515	50.01
51.00	05100	RECOVERY ROOM	0.216576	8,056	51.00
53.00	05300	ANESTHESIOLOGY	0.229624	20,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092627	549,606	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.175627	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168842	66,928	55.00
56.00	05600	RADIOISOTOPE	0.178577	6,365	56.00
60.00	06000	LABORATORY	0.126491	1,079,782	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.408431	25,542	63.00
65.00	06500	RESPIRATORY THERAPY	0.139423	1,125,075	65.00
66.00	06600	PHYSICAL THERAPY	0.662849	2,847,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125385	2,619,530	67.00
68.00	06800	SPEECH PATHOLOGY	0.305282	822,017	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128189	279,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357152	16,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	815,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.581119	56,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161036	2,037,230	73.00
76.00	03630	ULTRA SOUND	0.119979	92,778	76.00
76.01	03951	PAIN CLINIC	0.193795	0	76.01
76.02	03952	CATH LAB	0.129884	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.670283	72	76.03
76.04	03954	WOUND CARE CENTER	0.579365	0	76.04
76.05	03340	BARIATRIC CLINIC	1.485729	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTI COAGULATION CLINIC	0.577300	2,459	76.08
76.09	03956	LACTATION CLINIC	0.002646	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.215702	309,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.684277	5,856	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,965,985	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)		12,965,985	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 11:17 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,705,527	30.00
31.00	03100	INTENSIVE CARE UNIT		688,250	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,145,207	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178573	2,708,244	483,619 50.00
50.01	05001	OUTPATIENT SURGERY	0.265129	33,004	8,750 50.01
51.00	05100	RECOVERY ROOM	0.216576	47,102	10,201 51.00
53.00	05300	ANESTHESIOLOGY	0.229624	850,342	195,259 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092627	1,139,156	105,517 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.175627	21,041	3,695 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.168842	19,059	3,218 55.00
56.00	05600	RADIOISOTOPE	0.178577	107,491	19,195 56.00
60.00	06000	LABORATORY	0.126154	3,150,644	397,466 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.408431	121,764	49,732 63.00
65.00	06500	RESPIRATORY THERAPY	0.139275	827,703	115,278 65.00
66.00	06600	PHYSICAL THERAPY	0.662849	90,934	60,276 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.125385	68,536	8,593 67.00
68.00	06800	SPEECH PATHOLOGY	0.305282	51,357	15,678 68.00
69.00	06900	ELECTROCARDIOLOGY	0.128189	1,724,759	221,095 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.357152	25,402	9,072 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	1,723,601	308,597 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.581119	429,847	249,792 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161036	5,665,099	912,285 73.00
76.00	03630	ULTRA SOUND	0.119979	140,163	16,817 76.00
76.01	03951	PAIN CLINIC	0.193795	1,645	319 76.01
76.02	03952	CATH LAB	0.129875	46,046	5,980 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.670283	38,352	25,707 76.03
76.04	03954	WOUND CARE CENTER	0.578959	8,455	4,895 76.04
76.05	03340	BARIATRIC CLINIC	1.485729	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0 76.07
76.08	03955	ANTICOAGULATION CLINIC	0.577080	0	0 76.08
76.09	03956	LACTATION CLINIC	0.002646	0	0 76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.214998	893,183	192,033 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.684277	114,353	78,249 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,047,282	3,501,318 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		20,047,282	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 11:17 am
		Title XIX	Subprovider - IRF	TEFRA
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	02060 CORONARY CARE UNIT		0	32.00
41.00	04100 SUBPROVIDER - IRF		199,756	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.178573	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.265129	0	50.01
51.00	05100 RECOVERY ROOM	0.216576	0	51.00
53.00	05300 ANESTHESIOLOGY	0.229624	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092627	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.175627	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.168842	286	55.00
56.00	05600 RADIOISOTOPE	0.178577	0	56.00
60.00	06000 LABORATORY	0.126154	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.408431	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.139275	0	65.00
66.00	06600 PHYSICAL THERAPY	0.662849	88,007	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.125385	77,064	67.00
68.00	06800 SPEECH PATHOLOGY	0.305282	15,342	68.00
69.00	06900 ELECTROCARDIOLOGY	0.128189	666	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.357152	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.179042	2,254	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.581119	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161036	0	73.00
76.00	03630 ULTRA SOUND	0.119979	0	76.00
76.01	03951 PAIN CLINIC	0.193795	0	76.01
76.02	03952 CATH LAB	0.129875	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.670283	1,802	76.03
76.04	03954 WOUND CARE CENTER	0.578959	0	76.04
76.05	03340 BARIATRIC CLINIC	1.485729	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955 ANTI COAGULATION CLINIC	0.577080	0	76.08
76.09	03956 LACTATION CLINIC	0.002646	0	76.09
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.214998	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.684277	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		185,421	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)		185,421	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,029,918	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,898,490	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)		787,229	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		5,025,898	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.56	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)		7.80	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)		0.89	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).		3.52	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)		10.43	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.90	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.49	11.00
12.00	Current year allowable FTE (see instructions)		10.39	12.00
13.00	Total allowable FTE count for the prior year.		11.06	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.		12.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.31	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		11.31	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.095395	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.091549	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.091549	21.00
22.00	IME payment adjustment (see instructions)		971,590	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		245,033	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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-3.53	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		971,590	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		245,033	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.18	31.00
32.00	Sum of lines 30 and 31		20.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.95	33.00
34.00	Disproportionate share adjustment (see instructions)		296,435	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000082153	0.000126848	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	491,068	858,343	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	367,292	216,350	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	583,642		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	22,567,304		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)		22,812,337	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,826,477	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).		424,333	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,065,218	59.00
60.00	Primary payer payments		2,459	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,062,759	61.00
62.00	Deductibles billed to program beneficiaries		1,852,452	62.00
63.00	Coinurance billed to program beneficiaries		147,651	63.00
64.00	Allowable bad debts (see instructions)		334,347	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		217,326	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		141,968	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,279,982	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)		-35,744	70.93
70.94	HRR adjustment amount (see instructions)		-258,890	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,985,348	71.00
71.01	Sequestration adjustment (see instructions)		459,707	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		22,494,068	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)		31,573	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		334,499	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
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 (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: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 11:17 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,029,918	0	15,029,918		15,029,918	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,898,490	0		4,898,490	4,898,490	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	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	787,229	0	626,354	160,875	787,229	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	5,025,898	0	3,808,790	1,217,109	5,025,899	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.091549	0.091549	0.091549	0.091549		5.00
6.00	IME payment adjustment (see instructions)	22.00	971,590	0	732,769	238,821	971,590	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	245,033	0	245,033	0	245,033	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	971,590	0	732,769	238,821	971,590	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	245,033	0	245,033	0	245,033	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0595	0.0595	0.0595	0.0595		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	296,435	0	223,570	72,865	296,435	11.00
11.01	Uncompensated care payments	36.00	583,642	0	1,138,045	216,350	1,354,395	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	22,567,304	0	16,979,903	5,587,401	22,567,304	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	22,812,337	0	17,224,936	5,587,401	22,812,337	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,826,477	0	1,379,707	446,770	1,826,477	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	0	2,071	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: 15-0090

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 11:17 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,606,714	6,034,171	24,640,885	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	1,615,754	0	1,216,725	399,029	1,615,754	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	52,864	0	44,108	8,756	52,864	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	0.0557	0.0557	0.0557	0.0557		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	89,997	0	67,771	22,226	89,997	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0420	0.0420	0.0420	0.0420		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,862	0	51,103	16,759	67,862	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,826,477	0	1,379,707	446,770	1,826,477	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: 15-0090		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2018 11:17 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,029,918	15,029,918		15,029,918	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,898,490		4,898,490	4,898,490	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	787,229	626,354	160,875	787,229	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	5,025,898	3,808,790	1,217,109	5,025,899	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.091549	0.091549	0.091549		5.00
6.00	IME payment adjustment (see instructions)	22.00	971,590	732,769	238,821	971,590	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	245,033	185,694	59,339	245,033	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	971,590	732,769	238,821	971,590	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	245,033	185,694	59,339	245,033	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0595	0.0595	0.0595		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	296,435	223,570	72,865	296,435	11.00
11.01	Uncompensated care payments	36.00	583,642	367,292	216,350	583,642	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	22,567,304	16,979,903	5,587,401	22,567,304	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	22,812,337	17,165,597	5,646,740	22,812,337	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,826,477	1,379,707	446,770	1,826,477	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	2,071	0	2,071	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			18,547,375	6,093,510	24,640,885	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/31/2018 11:17 am

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,615,754	1,216,725	399,029	1,615,754	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	52,864	44,108	8,756	52,864	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	0.0557	0.0557	0.0557		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	89,997	67,771	22,226	89,997	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0420	0.0420	0.0420		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,862	51,103	16,759	67,862	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,826,477	1,379,707	446,770	1,826,477	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	-35,744	-10,535	-25,209	-35,744	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	-258,890	-229,989	-28,901	-258,890	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,045	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,062,467	2.00
3.00	OPPS payments		11,541,441	3.00
4.00	Outlier payment (see instructions)		111,499	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,045	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		87,217	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)		87,217	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)		87,217	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,172	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		14,045	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)		11,652,940	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,102,182	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)		9,564,803	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		163,925	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)		9,728,728	30.00
31.00	Primary payer payments		3,058	31.00
32.00	Subtotal (line 30 minus line 31)		9,725,670	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)		298,716	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		194,165	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,145	36.00
37.00	Subtotal (see instructions)		9,919,835	37.00
38.00	MSP-LCC reconciliation amount from PS&R		605	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)		9,919,230	40.00
40.01	Sequestration adjustment (see instructions)		198,385	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,736,964	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-16,119	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 11:17 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,494,068		9,707,864	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	07/14/2017	29,100	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		29,100	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)		22,494,068		9,736,964	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		31,573		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		16,119	6.02	
7.00	Total Medicare program liability (see instructions)		22,525,641		9,720,845	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: 15-0090
Component CCN: 15-T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 11:17 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,633,189		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)		7,633,189		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		5,360		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,638,549		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: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,533,340 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0394 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			228,260 3.00
4.00	Outlier Payments			129,543 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			18.983562 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			7,891,143 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			7,891,143 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,891,143 19.00
20.00	Deductibles			31,584 20.00
21.00	Subtotal (line 19 minus line 20)			7,859,559 21.00
22.00	Coinsurance			73,696 22.00
23.00	Subtotal (line 21 minus line 22)			7,785,863 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			13,192 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,575 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,954 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,794,438 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			7,794,438 32.00
32.01	Sequestration adjustment (see instructions)			155,889 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			7,633,189 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			5,360 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			97,181 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			129,543 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 11:17 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		20,047,282	27,754,767	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		20,047,282	27,754,767	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		20,047,282	27,754,767	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		20,047,282	27,754,767	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 11:17 am
		Title XIX	Subprovider - IRF	TEFRA
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		979	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		979	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		979	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		185,421	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		185,421	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		185,421	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		184,442	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		979	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		979	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		979	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		979	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		979	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		979	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		979	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 11:17 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	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			0.86	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))			3.52	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)			10.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.90	6.00
7.00	Enter the lesser of line 5 or line 6			6.90	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.	0.93	5.97	6.90	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.	0.93	5.97	6.90	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.49		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	0.93	9.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.43	9.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.87	10.52		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.41	9.83		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	1.41	9.83		17.00
18.00	Per resident amount	85,977.91	83,094.77		18.00
19.00	Approved amount for resident costs	121,229	816,822	938,051	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)			0.00	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)			938,051	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,998	3,303		26.00
27.00	Total Inpatient Days (see instructions)	28,439	28,439		27.00
28.00	Ratio of inpatient days to total inpatient days	0.527374	0.116143		28.00
29.00	Program direct GME amount	494,704	108,948		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		15,394		30.00
31.00	Net Program direct GME amount			588,258	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		36,432,841	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)		2,459	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		36,430,382	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		14,076,512	42.00
43.00	Primary payer payments (see instructions)		3,058	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,073,454	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		50,503,836	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.721339	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.278661	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		588,258	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		424,333	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		163,925	50.00

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

Provider CCN: 15-0090

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

Worksheet G
Date/Time Prepared:
5/31/2018 11:17 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	246,378,639	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	-65,278,903	0	0	0	4.00
5.00	Other receivable	2,456,098	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,250,655	0	0	0	6.00
7.00	Inventory	3,683,709	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	180,988,888	0	0	0	11.00
FIXED ASSETS						
12.00	Land	347,972	0	0	0	12.00
13.00	Land improvements	9,695,245	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	68,407,983	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	158,481,748	0	0	0	23.00
24.00	Accumulated depreciation	-136,910,899	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)	101,534,257	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	21,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	282,544,163	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,361,190	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,336,651	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-297,223	0	0	0	43.00
44.00	Other current liabilities	1,322,885	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,723,503	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,932,436	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	50,932,436	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,655,939	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	216,888,224	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	216,888,224	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	282,544,163	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
5/31/2018 11:17 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		207,462,886		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,425,316			2.00
3.00	Total (sum of line 1 and line 2)		216,888,202		0	3.00
4.00	ROUNDING	22		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22		0	10.00
11.00	Subtotal (line 3 plus line 10)		216,888,224		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		216,888,224		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2018 11:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,287,781		44,287,781	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	13,251,907		13,251,907	3.00
4.00	SUBPROVIDER	0		0	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)	57,539,688		57,539,688	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,548,953		8,548,953	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,548,953		8,548,953	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,088,641		66,088,641	17.00
18.00	Ancillary services	196,597,434	247,262,223	443,859,657	18.00
19.00	Outpatient services	9,692,091	32,453,221	42,145,312	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	NON REIMBURSEABLE COST CENTERS	7,759,771	8,660,248	16,420,019	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	280,137,937	288,375,692	568,513,629	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		158,253,052		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		158,253,052		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
5/31/2018 11:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	568,513,629	1.00
2.00	Less contractual allowances and discounts on patients' accounts	395,410,326	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,103,303	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	158,253,052	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,850,251	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,984	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	679,430	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	459,066	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	84,105	20.00
21.00	Rental of vending machines	21,221	21.00
22.00	Rental of hospital space	59,817	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REV	-194,135	24.00
25.00	Total other income (sum of lines 6-24)	1,115,488	25.00
26.00	Total (line 5 plus line 25)	15,965,739	26.00
27.00	EQUITY TXFR-OTHR NON OPER REV-PPE CN	6,540,423	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,540,423	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,425,316	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/31/2018 11:17 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,615,754	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		52,864	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)		58.93	3.00
4.00	Number of interns & residents (see instructions)		11.31	4.00
5.00	Indirect medical education percentage (see instructions)		5.57	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)		89,997	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.18	8.00
9.00	Sum of lines 7 and 8		20.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.20	10.00
11.00	Disproportionate share adjustment (see instructions)		67,862	11.00
12.00	Total prospective capital payments (see instructions)		1,826,477	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