

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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 1:36 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: 1:36 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 HAMMOND (15-0004) 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	430,478	1,373	0	0	1.00
2.00 Subprovider - IPF	0	30,099	304		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	460,577	1,677	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 10:09 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 46320		4.00 County: LAKE				
1.00 Street: 5454 HOMAN AVENUE		2.00 City: HAMMOND								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HLTA									12.00
13.00	Separately Certified ASC	ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	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
17.10	Hospital-Based (CORF) I									17.10
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 IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	159	107	2,306	633	1,994			7	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0				25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 10:09 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)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	Y			40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y		N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N		N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		N	48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)		Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01		1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02		1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.03		1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.04		1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.05		1	60.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
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.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			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)			0.00	0.00	0.000000	64.00

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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.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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						1.00			
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		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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.						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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 10:09 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:	718,322	1,550,000		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H014		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 10:09 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: FRANCSAN 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								
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
N								
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								
N								
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
N								
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
N								
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
N								
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC		N	N	N			161.00
161.10	CORF		N	N	N			161.10
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
N								
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								
0.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								
Y								
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
0								
168.01 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)								
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								
9.99								
		Beginning 1.00		Ending 2.00				
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
		08/05/2017		11/03/2017		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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
N								
0								

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 10:09 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?	Y	Y			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/06/2018	Y	04/06/2018	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: 15-0004

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

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2018 10:09 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW		DEETS		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH HAMMOND				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 EXT 33148		MATTHEW.DEETS@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 10:09 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.	FINANCIAL ANALYST SR		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: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 10:09 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	171	62,415	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)		171	62,415	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		191	69,715	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 10:09 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)	8,530	2,410	18,908			1.00
2.00 HMO and other (see instructions)	3,582	1,994				2.00
3.00 HMO IPF Subprovider	279	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,530	2,410	18,908			7.00
8.00 INTENSIVE CARE UNIT	1,461	673	3,529			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		122	319			13.00
14.00 Total (see instructions)	9,991	3,205	22,756	6.91	798.31	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	899	3,942	9,456	0.00	45.95	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	15,969	0	15,969	0.00	46.18	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	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				6.91	890.44	27.00
28.00 Observation Bed Days		1,809	6,329			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	7	388			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: 15-0004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 10:09 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,902	1,071	4,502	1.00
2.00 HMO and other (see instructions)				594	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 NEWBORN INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,902	1,071	4,502	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		172	815	1,912	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						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: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 10:09 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	64,940,356	0	64,940,356	1,852,106.07	35.06
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)		701,105	0	701,105	14,373.00	48.78
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)		7,405,955	128,418	7,534,373	233,387.00	32.28
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		936,087	0	936,087	14,042.71	66.66
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		430,801	0	430,801	2,271.00	189.70
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		7,850,566	0	7,850,566	234,408.00	33.49
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)		13,943,028	0	13,943,028		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,898,598	0	1,898,598		
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)		3,517,067	0	3,517,067		
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	1,525,679	0	1,525,679	47,129.00	32.37
27.00	Administrative & General	5.00	2,721,962	0	2,721,962	114,757.00	23.72

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 10:09 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.)	709,684	0	709,684	9,048.97	78.43	28.00
29.00	Maintenance & Repairs	1,631,976	0	1,631,976	46,182.00	35.34	29.00
30.00	Operation of Plant	343,036	0	343,036	45,822.00	7.49	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,527,320	0	1,527,320	112,385.00	13.59	32.00
33.00	Housekeeping under contract (see instructions)	19,538	0	19,538	1,302.53	15.00	33.00
34.00	Dietary	1,083,744	-717,539	366,205	20,489.46	17.87	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	717,539	717,539	40,146.54	17.87	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,803,280	0	3,803,280	97,768.00	38.90	38.00
39.00	Central Services and Supply	297,003	0	297,003	12,739.00	23.31	39.00
40.00	Pharmacy	2,842,531	-30,009	2,812,522	68,237.00	41.22	40.00
41.00	Medical Records & Medical Records Library	257,992	0	257,992	8,586.00	30.05	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: 15-0004

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2018 10:09 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)	64,968,473	0	64,968,473	1,848,084.57	35.15	1.00
2.00	Excluded area salaries (see instructions)	7,405,955	128,418	7,534,373	233,387.00	32.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,562,518	-128,418	57,434,100	1,614,697.57	35.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,217,454	0	9,217,454	250,721.71	36.76	4.00
5.00	Subtotal wage-related costs (see inst.)	17,460,095	0	17,460,095	0.00	30.40	5.00
6.00	Total (sum of lines 3 thru 5)	84,240,067	-128,418	84,111,649	1,865,419.28	45.09	6.00
7.00	Total overhead cost (see instructions)	16,763,745	-30,009	16,733,736	624,592.50	26.79	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2018 10:09 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			556,090 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)			3,429,054 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)			6,353,265 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,049,205 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-48,739 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)			167,225 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			115,898 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			4,171,723 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			47,906 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)			15,841,627 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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/31/2018 10:09 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/31/2018 10:09 am
			Home Health Agency I	PPS

		1.00						
0.00	County						0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	967.00	0.00	0.00	967.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				1.65	0.00	1.65	4.00
5.00	Other Administrative Personnel				16.07	0.00	16.07	5.00
6.00	Direct Nursing Service				19.75	0.00	19.75	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				4.08	0.00	4.08	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.05	0.00	0.05	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				3.98	0.00	3.98	16.00
17.00	Home Health Aide Supervisor				0.65	0.00	0.65	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974						20.00
20.01		23844						20.01
20.02		33140						20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	4,495	1,260	284	179	6,218	21.00	
22.00	Skilled Nursing Visit Charges	1,602,896	450,366	101,548	63,180	2,217,990	22.00	
23.00	Physical Therapy Visits	6,110	602	79	103	6,894	23.00	
24.00	Physical Therapy Visit Charges	2,259,420	223,254	29,309	37,142	2,549,125	24.00	
25.00	Occupational Therapy Visits	478	146	2	10	636	25.00	
26.00	Occupational Therapy Visit Charges	177,709	54,166	742	3,710	236,327	26.00	
27.00	Speech Pathology Visits	148	82	1	0	231	27.00	
28.00	Speech Pathology Visit Charges	54,908	30,422	371	0	85,701	28.00	
29.00	Medical Social Service Visits	10	5	0	2	17	29.00	
30.00	Medical Social Service Visit Charges	4,300	2,150	0	860	7,310	30.00	
31.00	Home Health Aide Visits	1,430	508	10	25	1,973	31.00	
32.00	Home Health Aide Visit Charges	247,153	87,884	1,730	4,325	341,092	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,671	2,603	376	319	15,969	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,346,386	848,242	133,700	109,217	5,437,545	35.00	
36.00	Total Number of Episodes (standard/non outlier)	840		140	22	1,002	36.00	
37.00	Total Number of Outlier Episodes		72		4	76	37.00	
38.00	Total Non-Routine Medical Supply Charges	35,247	21,512	3,830	3,609	64,198	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10	
				Date/Time Prepared: 5/31/2018 10:09 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)			0.282680	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			23,730,614	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			3,683,463	5.00
6.00	Medicaid charges			136,059,785	6.00
7.00	Medicaid cost (line 1 times line 6)			38,461,380	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)			11,047,303	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)			11,047,303	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)	12,277,005	1,876,540	14,153,545	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,470,464	1,876,540	5,347,004	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)	3,470,464	1,876,540	5,347,004	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)			15,326,780	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,155,955	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,778,392	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,548,388	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,452,295	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,799,299	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,846,602	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,021,477	8,021,477	2,080,047	10,101,524	1.00
2.00	00200		0	0	3,872,019	3,872,019	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,525,679	16,350,888	17,876,567	-77,793	17,798,774	4.00
5.05	00590	2,721,962	-1,342,669	1,379,293	877,833	2,257,126	5.05
6.00	00600	1,631,976	2,613,570	4,245,546	-7,372	4,238,174	6.00
7.00	00700	343,036	4,316,496	4,659,532	0	4,659,532	7.00
8.00	00800	0	370,259	370,259	-3,859	366,400	8.00
9.00	00900	1,527,320	368,930	1,896,250	-4,630	1,891,620	9.00
10.00	01000	1,083,744	621,820	1,705,564	-1,134,642	570,922	10.00
11.00	01100	0	0	0	1,129,241	1,129,241	11.00
13.00	01300	3,803,280	679,005	4,482,285	-7,516	4,474,769	13.00
14.00	01400	297,003	1,655,889	1,952,892	-168,599	1,784,293	14.00
15.00	01500	2,842,531	29,916,023	32,758,554	-27,048,727	5,709,827	15.00
16.00	01600	257,992	1,497,171	1,755,163	-3	1,755,160	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	1,416	1,416	383,067	384,483	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	75,173	17,024	92,197	98,409	190,606	23.01
23.02	02302	67,901	236	68,137	7,275	75,412	23.02
23.03	02303	66,871	857	67,728	3,981	71,709	23.03
23.04	02304	415,199	12,321	427,520	33,276	460,796	23.04
23.05	02305	3,746	28,086	31,832	-2,008	29,824	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	14,609,741	2,648,872	17,258,613	-2,731,669	14,526,944	30.00
31.00	03100	2,452,416	373,022	2,825,438	-265,723	2,559,715	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	2,933,376	18,992,141	21,925,517	-10,568	21,914,949	40.00
43.00	04300	0	0	0	1,062,914	1,062,914	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	835,578	3,317,793	4,153,371	-2,174,002	1,979,369	50.00
50.01	05001	131,532	189,834	321,366	-107,786	213,580	50.01
50.02	05002	929,481	306,421	1,235,902	-245,963	989,939	50.02
51.00	05100	285,417	39,738	325,155	-13,761	311,394	51.00
53.00	05300	56,014	3,069,475	3,125,489	-129,229	2,996,260	53.00
54.00	05400	1,414,610	172,519	1,587,129	-180,189	1,406,940	54.00
54.01	05401	613,649	486,534	1,100,183	-359,741	740,442	54.01
54.02	05402	383,085	44,209	427,294	22,311	449,605	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	453,805	424,173	877,978	-79,561	798,417	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,439,547	7,439,547	-98,409	7,341,138	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	429,003	429,003	0	429,003	63.00
63.01	06301	230,951	303,368	534,319	-87,652	446,667	63.01
65.00	06500	1,213,015	458,269	1,671,284	110,007	1,781,291	65.00
66.00	06600	1,552,083	865,360	2,417,443	-294,375	2,123,068	66.00
67.00	06700	502,837	13,094	515,931	24,839	540,770	67.00
68.00	06800	304,834	91,689	396,523	-9,148	387,375	68.00
69.00	06900	303,814	417,772	721,586	-8,920	712,666	69.00
70.00	07000	104,986	12,371	117,357	-281	117,076	70.00
71.00	07100	0	0	0	3,617,119	3,617,119	71.00
72.00	07200	0	0	0	4,165,157	4,165,157	72.00
73.00	07300	0	0	0	27,291,228	27,291,228	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	43,730	19,529	63,259	-19,034	44,225	76.01
76.02	03140	891,406	1,975,711	2,867,117	-2,183,164	683,953	76.02
76.03	03957	374,783	21,897	396,680	7,015	403,695	76.03
76.04	03190	436,895	272,211	709,106	-5,646	703,460	76.04
76.05	03951	154,340	186,413	340,753	-6,891	333,862	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	3,604,005	3,604,005	0	3,604,005	76.07
76.08	03953	270,609	72,513	343,122	-63,736	279,386	76.08
76.09	03954	0	0	0	954,946	954,946	76.09
76.10	03955	2,122,965	856,141	2,979,106	-240,642	2,738,464	76.10
76.11	03956	4,755	0	4,755	0	4,755	76.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.12	03958 ANTI COAGULATION CLINIC	343,528	34,365	377,893	-22,429	355,464	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	10,479,019	2,376,327	12,855,346	-619,338	12,236,008	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	3,611,239	1,351,250	4,962,489	-174,552	4,787,937	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		6,485,946	6,485,946	-7,153,126	-667,180	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	64,707,906	122,480,311	187,188,217	0	187,188,217	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,963	42,358	76,321	0	76,321	190.00
190.01	19001 CONVENT	0	9,968	9,968	0	9,968	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	147,727	147,727	0	147,727	190.03
190.04	19004 WOMEN'S HEALTH CENTER	59,627	2,333	61,960	0	61,960	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	-606,959	-606,959	0	-606,959	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	11,461	0	11,461	0	11,461	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	41,967	-776,223	-734,256	0	-734,256	192.00
192.01	19201 WORKING WELL	85,432	161,059	246,491	0	246,491	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	64,940,356	121,460,574	186,400,930	0	186,400,930	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2018 10:09 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	2,259,021	12,360,545	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,872,019	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,732,077	21,530,851	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	22,369,598	24,626,724	5.05
6.00	00600	MAINTENANCE & REPAIRS	-25,617	4,212,557	6.00
7.00	00700	OPERATION OF PLANT	0	4,659,532	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	366,400	8.00
9.00	00900	HOUSEKEEPING	0	1,891,620	9.00
10.00	01000	DIETARY	-326,231	244,691	10.00
11.00	01100	CAFETERIA	-719,013	410,228	11.00
13.00	01300	NURSING ADMINISTRATION	-150,966	4,323,803	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,200,408	583,885	14.00
15.00	01500	PHARMACY	-1,464,371	4,245,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-524,348	1,230,812	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	242,019	626,502	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED PRGM - LAB	0	190,606	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	75,412	23.02
23.03	02303	PARAMED PRGM - RESP THER	0	71,709	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	460,796	23.04
23.05	02305	PARAMED PRGM-EMT	0	29,824	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,700	14,515,244	30.00
31.00	03100	INTENSIVE CARE UNIT	-25,108	2,534,607	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	-16,769,585	5,145,364	40.00
43.00	04300	NURSERY	0	1,062,914	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-729,621	1,249,748	50.00
50.01	05001	OPEN HEART SURGERY	-26,217	187,363	50.01
50.02	05002	OUTPATIENT SURGERY	0	989,939	50.02
51.00	05100	RECOVERY ROOM	0	311,394	51.00
53.00	05300	ANESTHESIOLOGY	0	2,996,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-151,298	1,255,642	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	740,442	54.01
54.02	05402	ULTRASOUND	-9,780	439,825	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-149,317	649,100	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-2,146,600	5,194,538	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-916	428,087	63.00
63.01	06301	NUCLEAR MEDICINE	-5,311	441,356	63.01
65.00	06500	RESPIRATORY THERAPY	-88,314	1,692,977	65.00
66.00	06600	PHYSICAL THERAPY	-45,633	2,077,435	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,401	539,369	67.00
68.00	06800	SPEECH PATHOLOGY	0	387,375	68.00
69.00	06900	ELECTROCARDIOLOGY	-355,877	356,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	117,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,617,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,165,157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,291,228	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	44,225	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-65,105	618,848	76.02
76.03	03957	CARDIAC REHABILITATION	-4,809	398,886	76.03
76.04	03190	RADIATION ONCOLOGY	0	703,460	76.04
76.05	03951	MRI	-39,292	294,570	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-1,213,735	2,390,270	76.07
76.08	03953	WOUND CARE	-688	278,698	76.08
76.09	03954	RENAL DIALYSIS	0	954,946	76.09
76.10	03955	INFUSION	-85,231	2,653,233	76.10
76.11	03956	CARE TRANSITION CENTER	0	4,755	76.11
76.12	03958	ANTI COAGULATION CLINIC	-11,000	344,464	76.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-954,329	11,281,679	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	4,787,937	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	667,180	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,968,074	189,156,291	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	76,321	190.00
190.01	19001 CONVENT	0	9,968	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	147,727	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	61,960	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	-606,959	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	11,461	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	-734,256	192.00
192.01	19201 WORKING WELL	0	246,491	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	1,968,074	188,369,004	200.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
5/31/2018 10:09 am

		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	3,872,019	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	29,972	2.00	
	0		0	3,901,991		
B - DIETARY						
1.00	CAFETERIA	11.00	717,539	411,702	1.00	
	0		717,539	411,702		
C - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,263,990	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		0	1,263,990		
D - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,995,732	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
	0		0	6,995,732		
E - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,291,228	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	

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
5/31/2018 10:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
			0	27,291,228	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	6,670	0	1.00
2.00	ULTRASOUND	54.02	51,069	0	2.00
3.00	NUCLEAR MEDICINE	63.01	76,036	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	16,095	0	4.00
5.00	MRI	76.05	12,504	0	5.00
			162,374	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	383,067	1.00
			0	383,067	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	98,409	0	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	7,275	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	0	3,981	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	30,009	3,267	4.00
			128,418	14,523	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	224,537	452	1.00
2.00	OCCUPATIONAL THERAPY	67.00	33,872	68	2.00
3.00	SPEECH PATHOLOGY	68.00	14,105	28	3.00
4.00	CARDIAC REHABILITATION	76.03	16,488	33	4.00
			289,002	581	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,500	1.00
			0	19,500	
K - NURSERY					
1.00	NURSERY	43.00	758,574	304,340	1.00
			758,574	304,340	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	592,191	362,755	1.00
			592,191	362,755	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,165,157	1.00
2.00		0.00	0	0	2.00
			0	4,165,157	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,462,639	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	667,180	2.00
			0	7,129,819	
P - MISCELLANEOUS A&G					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,730	1.00
			0	2,730	
Q - CATH LAB RECOVERY					
1.00	CARDIOVASCULAR SERVICES	76.02	125,793	4,176	1.00
			125,793	4,176	
500.00	Grand Total: Increases		2,773,891	52,251,291	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6
Date/Time Prepared:
5/31/2018 10:09 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	HOME HEALTH AGENCY	101.00	0	29,972	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,872,019	9		2.00
	O		0	3,901,991			
B - DIETARY							
1.00	DIETARY	10.00	717,539	411,702	0		1.00
	O		717,539	411,702			
C - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,227,225	12		1.00
2.00	INTEREST EXPENSE	113.00	0	1,077	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	35,688	0		3.00
	O		0	1,263,990			
D - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,719	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5,820	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	7,372	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,859	0		4.00
5.00	HOUSEKEEPING	9.00	0	4,630	0		5.00
6.00	DIETARY	10.00	0	5,401	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	304	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	168,599	0		8.00
9.00	PHARMACY	15.00	0	67,424	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		10.00
11.00	PARAMEDICAL PRGM-EMT	23.05	0	2,008	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	575,870	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	259,882	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	10,563	0		14.00
15.00	OPERATING ROOM	50.00	0	2,165,303	0		15.00
16.00	OPEN HEART SURGERY	50.01	0	107,786	0		16.00
17.00	OUTPATIENT SURGERY	50.02	0	243,918	0		17.00
18.00	RECOVERY ROOM	51.00	0	13,751	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	97,465	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,502	0		20.00
21.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	375,836	0		21.00
22.00	ULTRASOUND	54.02	0	28,758	0		22.00
23.00	COMPUTED TOMOGRAPHY	55.01	0	79,099	0		23.00
24.00	NUCLEAR MEDICINE	63.01	0	2,628	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	108,732	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	4,792	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	9,101	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	23,281	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	8,590	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	281	0		30.00
31.00	ORTHOPEDICS	76.01	0	19,034	0		31.00
32.00	CARDIOVASCULAR SERVICES	76.02	0	1,525,820	0		32.00
33.00	CARDIAC REHABILITATION	76.03	0	9,426	0		33.00
34.00	RADIATION ONCOLOGY	76.04	0	5,646	0		34.00
35.00	MRI	76.05	0	19,395	0		35.00
36.00	WOUND CARE	76.08	0	56,758	0		36.00
37.00	INFUSION	76.10	0	234,308	0		37.00
38.00	ANTI COAGULATION CLINIC	76.12	0	22,367	0		38.00
39.00	EMERGENCY	91.00	0	601,206	0		39.00
40.00	HOME HEALTH AGENCY	101.00	0	96,495	0		40.00
	O		0	6,995,732			
E - PHARMACY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	64,074	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	7,212	0		2.00
3.00	PHARMACY	15.00	0	26,948,027	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,970	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	5,841	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	5	0		6.00
7.00	OPERATING ROOM	50.00	0	8,699	0		7.00
8.00	OUTPATIENT SURGERY	50.02	0	2,045	0		8.00
9.00	RECOVERY ROOM	51.00	0	10	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	31,764	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38	0		11.00
12.00	COMPUTED TOMOGRAPHY	55.01	0	462	0		12.00
13.00	NUCLEAR MEDICINE	63.01	0	167,730	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	2,269	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	330	0		15.00
16.00	CARDIOVASCULAR SERVICES	76.02	0	769	0		16.00
17.00	CARDIAC REHABILITATION	76.03	0	80	0		17.00
18.00	WOUND CARE	76.08	0	6,978	0		18.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	INFUSION	76.10	0	6,334	0		19.00
20.00	ANTI COAGULATION CLINIC	76.12	0	62	0		20.00
21.00	EMERGENCY	91.00	0	18,132	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	12,397	0		22.00
	O		0	27,291,228			
F - RADIOLOGY ADMINISTRATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	162,374	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
	O		162,374	0			
G - MEDICAL EDUCATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	383,067	0		1.00
	O		0	383,067			
H - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	98,409	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,275	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	3,981	0		3.00
4.00	PHARMACY	15.00	30,009	3,267	0		4.00
	O		128,418	14,523			
I - PROFESSIONAL SUPPORT SERVICES							
1.00	PHYSICAL THERAPY	66.00	289,002	581	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
	O		289,002	581			
J - RENT							
1.00	INTEREST EXPENSE	113.00	0	19,500	10		1.00
	O		0	19,500			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	758,574	304,340	0		1.00
	O		758,574	304,340			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	592,191	362,755	0		1.00
	O		592,191	362,755			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,378,613	0		1.00
2.00	CARDIOVASCULAR SERVICES	76.02	0	786,544	0		2.00
	O		0	4,165,157			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	6,462,639	10		1.00
2.00	INTEREST EXPENSE	113.00	0	667,180	10		2.00
	O		0	7,129,819			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	2,730	1		1.00
	O		0	2,730			
Q - CATH LAB RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	125,793	4,176	0		1.00
	O		125,793	4,176			
500.00	Grand Total: Decreases		2,773,891	52,251,291			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2018 10:09 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,547,620	0	0	0	0	1.00
2.00	Land Improvements	3,655,974	1	0	1	0	2.00
3.00	Buildings and Fixtures	45,475,476	76,848	0	76,848	0	3.00
4.00	Building Improvements	147,397	0	0	0	1	4.00
5.00	Fixed Equipment	148,644,116	3,534,646	0	3,534,646	0	5.00
6.00	Movable Equipment	2,706,431	1,291,565	0	1,291,565	1,522,602	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	206,177,014	4,903,060	0	4,903,060	1,522,603	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	206,177,014	4,903,060	0	4,903,060	1,522,603	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,547,620	0				1.00
2.00	Land Improvements	3,655,975	3,139,140				2.00
3.00	Buildings and Fixtures	45,552,324	11,297,189				3.00
4.00	Building Improvements	147,396	124,730				4.00
5.00	Fixed Equipment	152,178,762	59,766,148				5.00
6.00	Movable Equipment	2,475,394	18,226,540				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	209,557,471	92,553,747				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	209,557,471	92,553,747				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,514,281	0	0	1,507,196	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)	6,514,281	0	0	1,507,196	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	8,021,477				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,021,477				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	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	2,672,234	7,148,216	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,872,019	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,544,253	7,148,216	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	-15,553	279,971	0	2,275,677	12,360,545	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,872,019	2.00
3.00	Total (sum of lines 1-2)	-15,553	279,971	0	2,275,677	16,232,564	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
5/31/2018 10:09 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-15,553	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00	Investment income - other (chapter 2)	B	-8,937	INTEREST EXPENSE	113.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-97,212	CENTRAL SERVICES & SUPPLY	14.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-1,103	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-28,969	OTHER ADMINISTRATIVE AND GENERAL	5.05		7.00
8.00	Television and radio service (chapter 21)		0		0.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-1,077,446				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-788	RADIOLOGY-DIAGNOSTIC	54.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,044,233				12.00
13.00	Laundry and linen service	B	0	LAUNDRY & LINEN SERVICE	8.00		13.00
14.00	Cafeteria-employees and guests	B	-700,945	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients		0		0.00		17.00
18.00	Sale of medical records and abstracts	B	-14,258	OTHER ADMINISTRATIVE AND GENERAL	5.05		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines	B	-18,068	CAFETERIA	11.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		32.00
33.00	KINDRED MEALS	B	-250,452	DIETARY	10.00		33.00

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	
33.01 WELLNESS CENTER REVENUE	B	-180	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 PHYSICIAN APPLICATION FEES	B	-27,715	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.02
33.03 CARDIAC DIETETIC INSTRUCTION	B	-1,750	DIETARY		10.00	0 33.03
33.04 LOBBYING EXPENSE	A	-5,151	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.04
33.05 PROGRAM FEES	B	-20,022	NURSING ADMINISTRATION		13.00	0 33.05
33.06 LIFELINE	B	-8,542	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.06
33.07 UNNECESSARY BORROWING	A	-1,398,274	INTEREST EXPENSE		113.00	0 33.07
33.08 MISCELLANEOUS INCOME	B	-970	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.08
33.09 MISCELLANEOUS INCOME	B	-25,617	MAINTENANCE & REPAIRS		6.00	0 33.09
33.10 GOODWILL	A	-57,850	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.10
33.11 DONATIONS EXPENSE	A	-2,750	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.11
33.12 ADVERTISING EXPENSE	A	-1,621	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.12
33.13 ADVERTISING EXPENSE	A	-3,989	SUBPROVIDER - IPF		40.00	0 33.13
33.14 MISCELLANEOUS INCOME	B	-6,050	RADIOLOGY-DIAGNOSTIC		54.00	0 33.14
33.15 PATIENT INTEREST	B	-163,201	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.15
33.16 HAF ASSESSMENT	A	-2,482,701	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.16
33.17 PENSION COST	A	3,229,497	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.17
33.18 DISCOUNTS/REBATES	B	-98,547	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.18
33.19 CONTRA BENEFITS	A	507,060	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.19
33.20 DISCOUNTS/REBATES	B	-74,029	DIETARY		10.00	0 33.20
33.21 DISCOUNTS/REBATES	B	-111,956	PHARMACY		15.00	0 33.21
33.22 DISCOUNTS/REBATES	B	-67,495	OPERATING ROOM		50.00	0 33.22
33.23 DISCOUNTS/REBATES	B	-93,879	RADIOLOGY-DIAGNOSTIC		54.00	0 33.23
33.24 DISCOUNTS/REBATES	B	-24,940	LABORATORY		60.00	0 33.24
33.25 DISCOUNTS/REBATES	B	-24,957	RESPIRATORY THERAPY		65.00	0 33.25
33.26 DISCOUNTS/REBATES	B	-53,071	CARDIOVASCULAR SERVICES		76.02	0 33.26
33.29 PODIATRY RESIDENTS ADD ON	A	242,019	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.29
33.30 BAD DEBT OTHER	A	-222	INTEREST EXPENSE		113.00	0 33.30
33.31 ADVERTISING EXPENSE	A	-4,300	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.31
33.32 MISCELLANEOUS INCOME	B	-1	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.32
33.33 PROPERTY TAXES	A	-81,484	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.33
33.34 TELEVISION SERVICE	B	260	ADULTS & PEDIATRICS		30.00	0 33.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,968,074				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: 15-0004
 Period: From 01/01/2017 To 12/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 5/31/2018 10:09 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	2,275,677	0
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	DATA PROCESSING	1	0
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASING	1	0
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINITTING	0	2
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	17,109,575	20,167,761
4.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	0	1,103,196
4.03	15.00	PHARMACY	COEP / PHARMACY	248,516	294,545
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	850,390	1,374,738
4.05	113.00	INTEREST EXPENSE	INTEREST	2,074,613	0
4.06	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-28,404,307
4.07	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	5,012	55,593
4.08	15.00	PHARMACY	PHARMACY	261,392	1,567,778
4.09	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	0	2,345
4.10	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	6,814,932
4.11	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	12,067,216
4.12	50.00	OPERATING ROOM	SURGERY	1,021	6,267
4.13	63.01	NUCLEAR MEDICINE	RADIOLOGY	1,047	6,358
4.14	54.02	ULTRASOUND	ULTRASOUND	1,307	11,087
4.15	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	14,797	164,114
4.16	60.00	LABORATORY	CHEMISTRY	326,101	2,437,830
4.17	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	570	1,486
4.18	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	11,942	61,714
4.19	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	4,482	6,290
4.20	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	48,074	403,951
4.21	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	594	5,403
4.22	76.05	MRI	MRI	7,748	47,040
4.23	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	2,390,270	3,604,005
4.24	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATION	0	15,463
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	182	1,583
4.26	91.00	EMERGENCY	EMERGENCY ROOM	219,148	1,123,852
4.27	40.00	SUBPROVIDER - IPF	PSYCH UNIT OVERHEAD	2,132,015	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,984,475	22,940,242

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

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

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

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

6.00	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: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 10:09 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.

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 10:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,275,677	14	1.00
2.00	1	0	2.00
3.00	1	0	3.00
4.00	-2	0	4.00
4.01	-3,058,186	0	4.01
4.02	-1,103,196	0	4.02
4.03	-46,029	0	4.03
4.04	-524,348	0	4.04
4.05	2,074,613	0	4.05
4.06	28,404,307	0	4.06
4.07	-50,581	0	4.07
4.08	-1,306,386	0	4.08
4.09	-2,345	0	4.09
4.10	-6,814,932	0	4.10
4.11	-12,067,216	0	4.11
4.12	-5,246	0	4.12
4.13	-5,311	0	4.13
4.14	-9,780	0	4.14
4.15	-149,317	0	4.15
4.16	-2,111,729	0	4.16
4.17	-916	0	4.17
4.18	-49,772	0	4.18
4.19	-1,808	0	4.19
4.20	-355,877	0	4.20
4.21	-4,809	0	4.21
4.22	-39,292	0	4.22
4.23	-1,213,735	0	4.23
4.24	-15,463	0	4.24
4.25	-1,401	0	4.25
4.26	-904,704	0	4.26
4.27	2,132,015	0	4.27
5.00	5,044,233		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0004

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2018 10:09 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	5.05 OTHER ADMINSTRATIVE AND GENERAL	8,460	0	8,460	197,500	60	1.00
2.00	13.00 NURSING ADMINISTRATION	154,207	0	154,207	197,500	245	2.00
3.00	30.00 ADULTS & PEDIATRICS	22,813	4,392	18,421	197,500	139	3.00
4.00	31.00 INTENSIVE CARE UNIT	66,792	6,210	60,582	197,500	439	4.00
5.00	50.00 OPERATING ROOM	674,175	655,987	18,188	246,400	146	5.00
6.00	50.01 OPEN HEART SURGERY	53,700	7,260	46,440	246,400	232	6.00
7.00	60.00 LABORATORY	33,384	0	33,384	197,500	247	7.00
8.00	65.00 RESPIRATORY THERAPY	13,585	13,585	0	197,500	0	8.00
9.00	66.00 PHYSICAL THERAPY	43,825	43,825	0	197,500	0	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	4,040	0	4,040	197,500	43	10.00
11.00	76.02 CARDIOVASCULAR SERVICES	30,550	5,202	25,348	197,500	195	11.00
12.00	76.08 WOUND CARE	7,145	0	7,145	197,500	68	12.00
13.00	76.10 INFUSION	86,750	84,279	2,471	197,500	16	13.00
14.00	76.12 ANTI COAGULATION CLINIC	11,000	11,000	0	197,500	0	14.00
15.00	91.00 EMERGENCY	91,499	39,384	52,115	197,500	441	15.00
200.00		1,301,925	871,124	430,801		2,271	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	5.05 OTHER ADMINSTRATIVE AND GENERAL	5,697	285	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	23,263	1,163	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	13,198	660	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	41,684	2,084	0	0	0	4.00
5.00	50.00 OPERATING ROOM	17,295	865	0	0	0	5.00
6.00	50.01 OPEN HEART SURGERY	27,483	1,374	0	0	0	6.00
7.00	60.00 LABORATORY	23,453	1,173	0	0	0	7.00
8.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	4,083	204	0	0	0	10.00
11.00	76.02 CARDIOVASCULAR SERVICES	18,516	926	0	0	0	11.00
12.00	76.08 WOUND CARE	6,457	323	0	0	0	12.00
13.00	76.10 INFUSION	1,519	76	0	0	0	13.00
14.00	76.12 ANTI COAGULATION CLINIC	0	0	0	0	0	14.00
15.00	91.00 EMERGENCY	41,874	2,094	0	0	0	15.00
200.00		224,522	11,227	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	5.05 OTHER ADMINSTRATIVE AND GENERAL	0	5,697	2,763	2,763	1.00
2.00	13.00 NURSING ADMINISTRATION	0	23,263	130,944	130,944	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	13,198	5,223	9,615	3.00
4.00	31.00 INTENSIVE CARE UNIT	0	41,684	18,898	25,108	4.00
5.00	50.00 OPERATING ROOM	0	17,295	893	656,880	5.00
6.00	50.01 OPEN HEART SURGERY	0	27,483	18,957	26,217	6.00
7.00	60.00 LABORATORY	0	23,453	9,931	9,931	7.00
8.00	65.00 RESPIRATORY THERAPY	0	0	0	13,585	8.00
9.00	66.00 PHYSICAL THERAPY	0	0	0	43,825	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	0	4,083	0	0	10.00
11.00	76.02 CARDIOVASCULAR SERVICES	0	18,516	6,832	12,034	11.00
12.00	76.08 WOUND CARE	0	6,457	688	688	12.00
13.00	76.10 INFUSION	0	1,519	952	85,231	13.00
14.00	76.12 ANTI COAGULATION CLINIC	0	0	0	11,000	14.00
15.00	91.00 EMERGENCY	0	41,874	10,241	49,625	15.00
200.00		0	224,522	206,322	1,077,446	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 10:09 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,360,545	12,360,545			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,872,019		3,872,019		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,530,851	59,369	10,441	21,600,661	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	24,626,724	1,278,568	747,314	835,937	5.05
6.00	00600	MAINTENANCE & REPAIRS	4,212,557	885,846	25,571	584,995	6.00
7.00	00700	OPERATION OF PLANT	4,659,532	583,108	24,018	123,452	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	366,400	15,431	66,344	0	8.00
9.00	00900	HOUSEKEEPING	1,891,620	225,135	19,690	547,480	9.00
10.00	01000	DIETARY	244,691	235,142	18,266	388,477	10.00
11.00	01100	CAFETERIA	410,228	136,501	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,323,803	151,400	56,246	1,362,828	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	583,885	218,422	69,264	106,463	14.00
15.00	01500	PHARMACY	4,245,456	130,935	3,962	1,018,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,230,812	387,872	2,815	92,479	16.00
17.00	01700	SOCIAL SERVICE	0	23,003	0	0	17.00
22.00	02200	I & R SERVICES-OTHER PRGM COSTS APPRV	626,502	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	190,606	0	0	26,946	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	75,412	0	0	24,340	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	71,709	0	0	23,970	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	460,796	0	0	148,831	23.04
23.05	02305	PARAMED ED PRGM-EMT	29,824	0	0	1,343	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,515,244	2,667,193	671,768	5,236,979	30.00
31.00	03100	INTENSIVE CARE UNIT	2,534,607	393,909	82,153	879,088	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	5,145,364	0	0	0	40.00
43.00	04300	NURSERY	1,062,914	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,249,748	748,772	277,453	299,520	50.00
50.01	05001	OPEN HEART SURGERY	187,363	0	19,197	47,149	50.01
50.02	05002	OUTPATIENT SURGERY	989,939	571,955	42,730	333,180	50.02
51.00	05100	RECOVERY ROOM	311,394	0	879	102,310	51.00
53.00	05300	ANESTHESIOLOGY	2,996,260	0	113,716	20,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,255,642	346,042	137,394	507,078	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	740,442	83,538	341,681	219,967	54.01
54.02	05402	ULTRASOUND	439,825	41,585	41,252	137,320	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	649,100	42,547	271,434	162,670	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5,194,538	284,054	171	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	428,087	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	441,356	56,238	1,945	82,786	63.01
65.00	06500	RESPIRATORY THERAPY	1,692,977	112,844	90,549	434,815	65.00
66.00	06600	PHYSICAL THERAPY	2,077,435	291,953	2,487	556,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	539,369	26,973	742	180,246	67.00
68.00	06800	SPEECH PATHOLOGY	387,375	83,579	6,138	109,270	68.00
69.00	06900	ELECTROCARDIOLOGY	356,789	46,967	86,732	108,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,076	38,147	22,899	37,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,617,119	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,165,157	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,291,228	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	44,225	18,930	81	15,675	76.01
76.02	03140	CARDIOVASCULAR SERVICES	618,848	166,667	84,396	319,532	76.02
76.03	03957	CARDIAC REHABILITATION	398,886	35,896	22,273	134,344	76.03
76.04	03190	RADIATION ONCOLOGY	703,460	374,038	108,122	156,609	76.04
76.05	03951	MRI	294,570	81,901	162,228	55,324	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,390,270	0	0	0	76.07
76.08	03953	WOUND CARE	278,698	133,738	1,989	97,002	76.08
76.09	03954	RENAL DIALYSIS	954,946	258,288	0	0	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 10:09 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	
76.10 03955 INFUSION	2,653,233	13,589	40,898	760,994	3,468,714	76.10
76.11 03956 CARE TRANSITION CENTER	4,755	0	0	1,704	6,459	76.11
76.12 03958 ANTI COAGULATION CLINIC	344,464	0	0	123,140	467,604	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	11,281,679	319,110	137,013	3,756,288	15,494,090	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	4,787,937	240,647	8,574	1,294,478	6,331,636	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	189,156,291	11,809,832	3,820,825	21,456,911	188,410,634
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	76,321	27,710	0	12,174	116,205	190.00
190.01 19001 CONVENT	9,968	0	0	0	9,968	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	147,727	0	276	0	148,003	190.03
190.04 19004 WOMEN'S HEALTH CENTER	61,960	23,494	0	21,374	106,828	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	-606,959	0	0	0	-606,959	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	11,461	10,294	731	4,108	26,594	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-734,256	126,842	640	15,043	-591,731	192.00
192.01 19201 WORKING WELL	246,491	0	37,149	91,051	374,691	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	362,373	12,398	0	374,771	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	188,369,004	12,360,545	3,872,019	21,600,661	188,369,004

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	27,488,543					5.05
6.00	00600	MAINTENANCE & REPAIRS	968,241	6,677,210				6.00
7.00	00700	OPERATION OF PLANT	914,163	384,100	6,688,373			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	76,010	10,164	10,803	545,152		8.00
9.00	00900	HOUSEKEEPING	455,194	148,299	157,614	0	3,445,032	9.00
10.00	01000	DIETARY	150,363	154,891	164,620	0	86,982	10.00
11.00	01100	CAFETERIA	92,725	89,915	95,563	0	50,494	11.00
13.00	01300	NURSING ADMINISTRATION	999,669	99,729	105,993	0	56,005	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,875	143,878	152,914	0	80,797	14.00
15.00	01500	PHARMACY	915,718	86,248	91,666	0	48,434	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	290,691	255,496	271,544	0	143,479	16.00
17.00	01700	SOCIAL SERVICE	3,901	15,152	16,104	0	8,509	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	106,255	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	36,897	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	16,918	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	16,227	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	103,393	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	5,286	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,916,265	1,756,918	1,867,263	396,355	986,632	30.00
31.00	03100	INTENSIVE CARE UNIT	659,703	259,473	275,770	72,489	145,712	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	872,654	0	0	0	0	40.00
43.00	04300	NURSERY	180,270	0	0	6,552	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	436,804	493,225	524,204	0	276,980	50.00
50.01	05001	OPEN HEART SURGERY	43,029	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	328,652	376,753	400,417	0	211,573	50.02
51.00	05100	RECOVERY ROOM	70,313	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	530,857	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	380,948	227,942	242,259	0	128,005	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	235,003	55,027	58,484	0	30,902	54.01
54.02	05402	ULTRASOUND	111,933	27,392	29,113	0	15,383	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	190,927	28,026	29,786	0	15,739	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	929,198	187,110	198,862	0	105,075	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,604	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	98,762	37,044	39,371	0	20,803	63.01
65.00	06500	RESPIRATORY THERAPY	395,369	74,332	79,000	0	41,742	65.00
66.00	06600	PHYSICAL THERAPY	496,628	192,313	204,392	0	107,997	66.00
67.00	06700	OCCUPATIONAL THERAPY	126,747	17,767	18,883	0	9,978	67.00
68.00	06800	SPEECH PATHOLOGY	99,447	55,054	58,512	0	30,917	68.00
69.00	06900	ELECTROCARDIOLOGY	101,657	30,938	32,881	0	17,374	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,592	25,128	26,706	0	14,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	613,463	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	706,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,628,512	0	0	0	0	73.00
76.00	03020	PAI N CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	13,383	12,469	13,253	0	7,002	76.01
76.02	03140	CARDIOVASCULAR SERVICES	201,730	109,785	116,681	0	61,652	76.02
76.03	03957	CARDIAC REHABILITATION	100,301	23,645	25,130	0	13,278	76.03
76.04	03190	RADIATION ONCOLOGY	227,642	246,383	261,858	0	138,361	76.04
76.05	03951	MRI	100,746	53,949	57,338	0	30,296	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	405,390	0	0	0	0	76.07
76.08	03953	WOUND CARE	86,738	88,095	93,628	0	49,472	76.08
76.09	03954	RENAL DIALYSIS	205,764	170,138	180,824	0	95,544	76.09
76.10	03955	INFUSION	588,294	8,951	9,513	0	5,027	76.10
76.11	03956	CARE TRANSITION CENTER	1,095	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	79,306	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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To 12/31/2017

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	2,627,798	210,202	223,404	0	118,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,073,845	158,517	168,474	0	89,019	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,292,306	6,314,448	6,302,827	475,396	3,241,317	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,708	18,253	19,399	0	10,250	190.00
190.01	19001 CONVENT	1,691	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	25,101	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	18,118	15,476	16,448	0	8,691	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	4,510	6,781	7,207	0	3,808	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	83,552	88,800	0	46,920	192.00
192.01	19201 WORKING WELL	63,548	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	63,561	238,700	253,692	69,756	134,046	194.01
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)	27,488,543	6,677,210	6,688,373	545,152	3,445,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,443,432					10.00
11.00	01100	0	875,426				11.00
13.00	01300	0	65,228	7,220,901			13.00
14.00	01400	0	8,499	14,906	1,544,903		14.00
15.00	01500	0	45,758	0	0	6,587,105	15.00
16.00	01600	0	5,728	86	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	1,254	0	0	0	23.01
23.02	02302	0	1,326	0	0	0	23.02
23.03	02303	0	1,388	0	0	0	23.03
23.04	02304	0	7,253	0	0	0	23.04
23.05	02305	0	78	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,062,218	246,112	3,055,777	325	632	30.00
31.00	03100	194,265	48,682	907,355	713	207	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	17,158	200,889	28,450	2,118	50.00
50.01	05001	0	1,106	9,646	251	0	50.01
50.02	05002	0	15,205	296,604	2,515	83	50.02
51.00	05100	0	5,027	99,527	5	2	51.00
53.00	05300	0	2,104	0	638	7,261	53.00
54.00	05400	0	37,314	2,738	35	9	54.00
54.01	05401	0	10,362	79,562	10,595	0	54.01
54.02	05402	0	6,284	4,630	35	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	8,593	1,519	248	8	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	3,641	301	0	40,503	63.01
65.00	06500	0	26,620	0	0	553	65.00
66.00	06600	0	33,152	4,429	0	0	66.00
67.00	06700	0	8,056	0	0	0	67.00
68.00	06800	0	4,742	0	0	0	68.00
69.00	06900	0	7,646	6,220	1	80	69.00
70.00	07000	0	1,658	33,095	0	0	70.00
71.00	07100	0	0	0	750,548	0	71.00
72.00	07200	0	0	0	702,518	0	72.00
73.00	07300	0	0	0	0	6,515,861	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	689	14,791	0	0	76.01
76.02	03140	0	13,698	206,020	44,007	187	76.02
76.03	03957	0	7,185	76,007	0	19	76.03
76.04	03190	0	5,784	31,647	0	0	76.04
76.05	03951	0	2,683	43	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	5,568	87,201	20	1,699	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	37,773	556,544	433	1,540	76.10
76.11	03956	0	53	1,147	0	0	76.11
76.12	03958	0	4,830	0	0	15	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	98,768	1,041,582	817	4,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	64,079	488,234	207	3,019	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,256,483	861,084	7,220,500	1,542,361	6,578,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,526	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	2,143	0	5	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	186	272	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,073	129	6	0	192.00
192.01	19201	WORKING WELL	0	9,414	0	2,531	8,893	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	186,949	0	0	0	0	194.01
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)	1,443,432	875,426	7,220,901	1,544,903	6,587,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
	16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,681,002					16.00
17.00 01700 SOCIAL SERVICE	0	66,669				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	732,757			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PARAMED PRGM - LAB	0	0	0	0	255,703	23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 02303 PARAMED PRGM - RESPIRATORY	0	0	0	0	0	23.03
23.04 02304 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
23.05 02305 PARAMED PRGM-EMT	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	171,285	4,252	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	39,563	982	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	76,382	1,896	0	0	0	40.00
43.00 04300 NURSERY	2,839	70	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	75,518	1,874	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	4,625	115	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	31,768	789	0	0	0	50.02
51.00 05100 RECOVERY ROOM	13,310	330	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	41,749	1,036	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	52,637	1,307	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	36,448	905	0	0	0	54.01
54.02 05402 ULTRASOUND	39,076	970	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	157,601	3,912	0	0	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	226,192	5,614	0	0	209,677	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	5,481	136	0	0	40,912	63.00
63.01 06301 NUCLEAR MEDICINE	19,126	475	0	0	5,114	63.01
65.00 06500 RESPIRATORY THERAPY	84,598	2,100	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	23,815	591	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	15,212	378	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	6,147	153	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	51,562	1,280	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,901	122	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	99,736	2,476	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,429	383	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	820,219	20,480	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	93	2	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	67,763	1,682	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	7,398	184	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	32,044	795	0	0	0	76.04
76.05 03951 MRI	40,641	1,009	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	9,430	234	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	12,815	318	0	0	0	76.09
76.10 03955 INFUSION	59,054	1,466	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	5	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	0
	OUTPATIENT SERVICE COST CENTERS	2,912	72	0	0	0	76.12
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	282,646	7,016	732,757	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	50,982	1,265	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,681,002	66,669	732,757	0	255,703	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,681,002	66,669	732,757	0	255,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
			23.02	23.03	23.04	23.05	24.00	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	117,996					23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		113,294				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			720,273			23.04
23.05	02305	PARAMED ED PRGM-EMT				36,531		23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	36,555,218	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	6,494,671	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	6,096,296	40.00
43.00	04300	NURSERY	0	0	0	0	1,252,645	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	4,632,713	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	312,481	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	3,602,163	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	603,097	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,713,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,096	0	0	0	3,431,446	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,360	0	0	0	1,905,276	54.01
54.02	05402	ULTRASOUND	1,180	0	0	0	895,978	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,360	0	0	0	1,564,470	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	7,340,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	547,220	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	847,465	63.01
65.00	06500	RESPIRATORY THERAPY	0	113,294	0	0	3,148,793	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,991,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	944,351	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	841,334	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	849,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	358,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,083,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,589,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	720,273	0	39,996,573	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	140,593	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	2,012,648	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	844,546	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	2,286,743	76.04
76.05	03951	MRI	0	0	0	0	880,728	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	2,795,660	76.07
76.08	03953	WOUND CARE	0	0	0	0	933,512	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	1,878,637	76.09
76.10	03955	INFUSION	0	0	0	0	4,737,309	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	8,759	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	554,739	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
		23.02	23.03	23.04	23.05	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	36,531	20,878,070	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	8,429,277	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	117,996	113,294	720,273	36,531	186,979,491	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	185,341	190.00
190.01	19001 CONVENT	0	0	0	0	11,659	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	173,104	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	167,709	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	-606,959	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	49,358	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	-371,251	192.00
192.01	19201 WORKING WELL	0	0	0	0	459,077	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	1,321,475	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	117,996	113,294	720,273	36,531	188,369,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED PRGM - LAB		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		23.04
23.05	02305	PARAMED ED PRGM-EMT		23.05
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	36,555,218	30.00
31.00	03100	INTENSIVE CARE UNIT	6,494,671	31.00
32.00	02060	CORONARY CARE UNIT	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I/PF	6,096,296	40.00
43.00	04300	NURSERY	1,252,645	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,632,713	50.00
50.01	05001	OPEN HEART SURGERY	312,481	50.01
50.02	05002	OUTPATIENT SURGERY	3,602,163	50.02
51.00	05100	RECOVERY ROOM	603,097	51.00
53.00	05300	ANESTHESIOLOGY	3,713,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,431,446	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,905,276	54.01
54.02	05402	ULTRASOUND	895,978	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,564,470	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	7,340,491	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	547,220	63.00
63.01	06301	NUCLEAR MEDICINE	847,465	63.01
65.00	06500	RESPIRATORY THERAPY	3,148,793	65.00
66.00	06600	PHYSICAL THERAPY	3,991,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	944,351	67.00
68.00	06800	SPEECH PATHOLOGY	841,334	68.00
69.00	06900	ELECTROCARDIOLOGY	849,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	358,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,083,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,589,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,996,573	73.00
76.00	03020	PAIN CLINIC	0	76.00
76.01	03950	ORTHOPEDI CS	140,593	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,012,648	76.02
76.03	03957	CARDIAC REHABILITATION	844,546	76.03
76.04	03190	RADIATION ONCOLOGY	2,286,743	76.04
76.05	03951	MRI	880,728	76.05
76.06	03952	BARIATRIC CENTER	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,795,660	76.07
76.08	03953	WOUND CARE	933,512	76.08
76.09	03954	RENAL DIALYSIS	1,878,637	76.09
76.10	03955	INFUSION	4,737,309	76.10
76.11	03956	CARE TRANSITION CENTER	8,759	76.11

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.12	03958 ANTI COAGULATION CLINIC	0	554,739	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-732,757	20,145,313	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	8,429,277	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-732,757	186,246,734	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	185,341	190.00
190.01	19001 CONVENT	0	11,659	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	173,104	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	167,709	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	-606,959	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	49,358	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	-371,251	192.00
192.01	19201 WORKING WELL	0	459,077	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	1,321,475	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-732,757	187,636,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
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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	59,369	10,441	69,810	69,810 4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	1,278,568	747,314	2,025,882	2,700 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	885,846	25,571	911,417	1,890 6.00
7.00 00700	OPERATION OF PLANT	0	583,108	24,018	607,126	399 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	15,431	66,344	81,775	0 8.00
9.00 00900	HOUSEKEEPING	0	225,135	19,690	244,825	1,769 9.00
10.00 01000	DIETARY	0	235,142	18,266	253,408	1,255 10.00
11.00 01100	CAFETERIA	0	136,501	0	136,501	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	151,400	56,246	207,646	4,403 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	218,422	69,264	287,686	344 14.00
15.00 01500	PHARMACY	0	130,935	3,962	134,897	3,292 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	387,872	2,815	390,687	299 16.00
17.00 01700	SOCIAL SERVICE	0	23,003	0	23,003	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	87 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	79 23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	0	0	77 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	481 23.04
23.05 02305	PARAMED ED PRGM-EMT	0	0	0	0	4 23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,667,193	671,768	3,338,961	16,944 30.00
31.00 03100	INTENSIVE CARE UNIT	0	393,909	82,153	476,062	2,840 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	748,772	277,453	1,026,225	968 50.00
50.01 05001	OPEN HEART SURGERY	0	0	19,197	19,197	152 50.01
50.02 05002	OUTPATIENT SURGERY	0	571,955	42,730	614,685	1,076 50.02
51.00 05100	RECOVERY ROOM	0	0	879	879	331 51.00
53.00 05300	ANESTHESIOLOGY	0	0	113,716	113,716	65 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	346,042	137,394	483,436	1,638 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	83,538	341,681	425,219	711 54.01
54.02 05402	ULTRASOUND	0	41,585	41,252	82,837	444 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	42,547	271,434	313,981	526 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	284,054	171	284,225	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	56,238	1,945	58,183	267 63.01
65.00 06500	RESPIRATORY THERAPY	0	112,844	90,549	203,393	1,405 65.00
66.00 06600	PHYSICAL THERAPY	0	291,953	2,487	294,440	1,797 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,973	742	27,715	582 67.00
68.00 06800	SPEECH PATHOLOGY	0	83,579	6,138	89,717	353 68.00
69.00 06900	ELECTROCARDIOLOGY	0	46,967	86,732	133,699	352 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	38,147	22,899	61,046	122 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 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	18,930	81	19,011	51 76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	166,667	84,396	251,063	1,032 76.02
76.03 03957	CARDIAC REHABILITATION	0	35,896	22,273	58,169	434 76.03
76.04 03190	RADIATION ONCOLOGY	0	374,038	108,122	482,160	506 76.04
76.05 03951	MRI	0	81,901	162,228	244,129	179 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 03953	WOUND CARE	0	133,738	1,989	135,727	313 76.08
76.09 03954	RENAL DIALYSIS	0	258,288	0	258,288	0 76.09
76.10 03955	INFUSION	0	13,589	40,898	54,487	2,458 76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	6	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	398	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	319,110	137,013	456,123	12,135	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	240,647	8,574	249,221	4,182	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1 through 117)						
	0	11,809,832	3,820,825	15,630,657	69,346	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,710	0	27,710	39	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	276	276	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	23,494	0	23,494	69	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	10,294	731	11,025	13	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	126,842	640	127,482	49	192.00
192.01 19201 WORKING WELL	0	0	37,149	37,149	294	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	362,373	12,398	374,771	0	194.01
200.00					0	200.00
201.00					0	201.00
202.00					0	202.00
Cross Foot Adjustments						
Negative Cost Centers						
202.00	0	12,360,545	3,872,019	16,232,564	69,810	202.00
TOTAL (sum lines 118 through 201)						

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 10:09 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,028,582					5.05
6.00	00600	MAINTENANCE & REPAIRS	71,453	984,760				6.00
7.00	00700	OPERATION OF PLANT	67,463	56,647	731,635			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,609	1,499	1,182	90,065		8.00
9.00	00900	HOUSEKEEPING	33,592	21,871	17,241	0	319,298	9.00
10.00	01000	DIETARY	11,096	22,843	18,008	0	8,062	10.00
11.00	01100	CAFETERIA	6,843	13,261	10,453	0	4,680	11.00
13.00	01300	NURSING ADMINISTRATION	73,773	14,708	11,594	0	5,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,241	21,219	16,727	0	7,489	14.00
15.00	01500	PHARMACY	67,577	12,720	10,027	0	4,489	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,452	37,681	29,704	0	13,298	16.00
17.00	01700	SOCIAL SERVICE	288	2,235	1,762	0	789	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,841	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	2,723	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,248	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	1,198	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	7,630	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	390	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	289,009	259,116	204,260	65,483	91,442	30.00
31.00	03100	INTENSIVE CARE UNIT	48,684	38,267	30,166	11,976	13,505	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	64,399	0	0	0	0	40.00
43.00	04300	NURSERY	13,303	0	0	1,082	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,235	72,741	57,342	0	25,672	50.00
50.01	05001	OPEN HEART SURGERY	3,175	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	24,254	55,564	43,801	0	19,609	50.02
51.00	05100	RECOVERY ROOM	5,189	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	39,176	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,113	33,617	26,500	0	11,864	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	17,343	8,115	6,397	0	2,864	54.01
54.02	05402	ULTRASOUND	8,260	4,040	3,185	0	1,426	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	14,090	4,133	3,258	0	1,459	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	68,572	27,595	21,753	0	9,739	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,358	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	7,288	5,463	4,307	0	1,928	63.01
65.00	06500	RESPIRATORY THERAPY	29,177	10,962	8,642	0	3,869	65.00
66.00	06600	PHYSICAL THERAPY	36,650	28,362	22,358	0	10,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,354	2,620	2,066	0	925	67.00
68.00	06800	SPEECH PATHOLOGY	7,339	8,119	6,401	0	2,865	68.00
69.00	06900	ELECTROCARDIOLOGY	7,502	4,563	3,597	0	1,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,700	3,706	2,921	0	1,308	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,272	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,131	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,577	0	0	0	0	73.00
76.00	03020	PAI N CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	988	1,839	1,450	0	649	76.01
76.02	03140	CARDIOVASCULAR SERVICES	14,887	16,191	12,764	0	5,714	76.02
76.03	03957	CARDIAC REHABILITATION	7,402	3,487	2,749	0	1,231	76.03
76.04	03190	RADIATION ONCOLOGY	16,799	36,337	28,644	0	12,824	76.04
76.05	03951	MRI	7,435	7,956	6,272	0	2,808	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	29,917	0	0	0	0	76.07
76.08	03953	WOUND CARE	6,401	12,992	10,242	0	4,585	76.08
76.09	03954	RENAL DIALYSIS	15,185	25,092	19,780	0	8,855	76.09
76.10	03955	INFUSION	43,414	1,320	1,041	0	466	76.10
76.11	03956	CARE TRANSITION CENTER	81	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	5,853	0	0	0	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	193,924	31,001	24,438	0	10,941	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	79,247	23,378	18,429	0	8,251	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,014,100	931,260	689,461	78,541	300,417	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,454	2,692	2,122	0	950	190.00
190.01	19001 CONVENT	125	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	1,852	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,337	2,282	1,799	0	805	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	333	1,000	788	0	353	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,322	9,714	0	4,349	192.00
192.01	19201 WORKING WELL	4,690	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	4,691	35,204	27,751	11,524	12,424	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,028,582	984,760	731,635	90,065	319,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 10:09 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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	314,672					10.00
11.00	01100	CAFETERIA	0	171,738				11.00
13.00	01300	NURSING ADMINISTRATION	0	12,796	330,111			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,667	681	348,054		14.00
15.00	01500	PHARMACY	0	8,977	0	0	241,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,124	4	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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	246	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	260	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	272	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	1,423	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	15	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,567	48,284	139,700	73	23	30.00
31.00	03100	INTENSIVE CARE UNIT	42,350	9,550	41,481	161	8	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,366	9,184	6,409	78	50.00
50.01	05001	OPEN HEART SURGERY	0	217	441	56	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	2,983	13,560	567	3	50.02
51.00	05100	RECOVERY ROOM	0	986	4,550	1	0	51.00
53.00	05300	ANESTHESIOLOGY	0	413	0	144	267	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,320	125	8	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,033	3,637	2,387	0	54.01
54.02	05402	ULTRASOUND	0	1,233	212	8	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	1,686	69	56	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	714	14	0	1,488	63.01
65.00	06500	RESPIRATORY THERAPY	0	5,222	0	0	20	65.00
66.00	06600	PHYSICAL THERAPY	0	6,504	202	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,580	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	930	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,500	284	0	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	325	1,513	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	169,095	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	158,271	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	239,361	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	135	676	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	2,687	9,418	9,914	7	76.02
76.03	03957	CARDIAC REHABILITATION	0	1,410	3,475	0	1	76.03
76.04	03190	RADIATION ONCOLOGY	0	1,135	1,447	0	0	76.04
76.05	03951	MRI	0	526	2	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	1,092	3,986	4	62	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	7,410	25,443	97	57	76.10
76.11	03956	CARE TRANSITION CENTER	0	10	52	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	947	0	0	1	76.12

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	19,376	47,617	184	162	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	12,571	22,320	47	111	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	273,917	168,925	330,093	347,482	241,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	299	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	420	0	1	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	37	12	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	210	6	1	0	192.00
192.01	19201 WORKING WELL	0	1,847	0	570	327	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	40,755	0	0	0	0	194.01
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)	314,672	171,738	330,111	348,054	241,979	202.00

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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	494,249				16.00
17.00	01700	SOCIAL SERVICE	0	28,077			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	7,841		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB	0	0	0	3,056	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,571	1,810			30.00
31.00	03100	INTENSIVE CARE UNIT	7,292	418			31.00
32.00	02060	CORONARY CARE UNIT	0	0			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0			35.00
40.00	04000	SUBPROVIDER - IPF	14,079	807			40.00
43.00	04300	NURSERY	523	30			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,919	798			50.00
50.01	05001	OPEN HEART SURGERY	853	49			50.01
50.02	05002	OUTPATIENT SURGERY	5,855	336			50.02
51.00	05100	RECOVERY ROOM	2,453	141			51.00
53.00	05300	ANESTHESIOLOGY	7,695	441			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,702	556			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,718	385			54.01
54.02	05402	ULTRASOUND	7,203	413			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	29,049	1,665			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	41,692	2,390			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,010	58			63.00
63.01	06301	NUCLEAR MEDICINE	3,525	202			63.01
65.00	06500	RESPIRATORY THERAPY	15,593	894			65.00
66.00	06600	PHYSICAL THERAPY	4,390	252			66.00
67.00	06700	OCCUPATIONAL THERAPY	2,804	161			67.00
68.00	06800	SPEECH PATHOLOGY	1,133	65			68.00
69.00	06900	ELECTROCARDIOLOGY	9,504	545			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	903	52			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,383	1,054			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,844	163			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,270	8,413			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03950	ORTHOPEDICS	17	1			76.01
76.02	03140	CARDIOVASCULAR SERVICES	12,490	716			76.02
76.03	03957	CARDIAC REHABILITATION	1,364	78			76.03
76.04	03190	RADIATION ONCOLOGY	5,906	339			76.04
76.05	03951	MRI	7,491	429			76.05
76.06	03952	BARITRIC CENTER	0	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0			76.07
76.08	03953	WOUND CARE	1,738	100			76.08
76.09	03954	RENAL DIALYSIS	2,362	135			76.09
76.10	03955	INFUSION	10,885	624			76.10
76.11	03956	CARE TRANSITION CENTER	1	0			76.11

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000 CLINIC	0	0				90.00
90.01	09001 OCC HEALTH CLINIC	0	0				90.01
91.00	09100 EMERGENCY	52,098	2,987				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0				99.00
99.10	09910 CORF	0	0				99.10
101.00	10100 HOME HEALTH AGENCY	9,397	539				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	494,249	28,077	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 CONVENT	0	0				190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005 DEVELOPMENT	0	0				190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007 IMAGE RECOVERY	0	0				190.07
190.08	19008 FAMILY SERVICES	0	0				190.08
190.09	19009 MDWISE	0	0				190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011 CENTER OF HOPE	0	0				190.11
190.12	19012 SELECT	0	0				190.12
190.13	19013 PERCINI AS	0	0				190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 WORKING WELL	0	0				192.01
193.00	19300 NONPAID WORKERS	0	0				193.00
194.01	07951 REHAB	0	0				194.01
200.00	Cross Foot Adjustments			7,841	0	3,056	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	494,249	28,077	7,841	0	3,056	202.00

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Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
			23.02	23.03	23.04	23.05	24.00	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,587					23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		1,547				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			9,534			23.04
23.05	02305	PARAMED ED PRGM-EMT				409		23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					4,718,243	30.00
31.00	03100	INTENSIVE CARE UNIT					722,760	31.00
32.00	02060	CORONARY CARE UNIT					0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT					0	35.00
40.00	04000	SUBPROVIDER - IPF					79,285	40.00
43.00	04300	NURSERY					14,938	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
45.00	04500	NURSING FACILITY					0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,248,937	50.00
50.01	05001	OPEN HEART SURGERY					24,140	50.01
50.02	05002	OUTPATIENT SURGERY					782,293	50.02
51.00	05100	RECOVERY ROOM					14,530	51.00
53.00	05300	ANESTHESIOLOGY					161,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					602,879	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES					475,809	54.01
54.02	05402	ULTRASOUND					109,261	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
55.01	05501	COMPUTED TOMOGRAPHY					369,972	55.01
57.00	05700	CT SCAN					0	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					455,966	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					6,426	63.00
63.01	06301	NUCLEAR MEDICINE					83,379	63.01
65.00	06500	RESPIRATORY THERAPY					279,177	65.00
66.00	06600	PHYSICAL THERAPY					404,965	66.00
67.00	06700	OCCUPATIONAL THERAPY					47,807	67.00
68.00	06800	SPEECH PATHOLOGY					116,922	68.00
69.00	06900	ELECTROCARDIOLOGY					163,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					74,596	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					233,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					213,409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					740,621	73.00
76.00	03020	PAIN CLINIC					0	76.00
76.01	03950	ORTHOPEDICS					24,817	76.01
76.02	03140	CARDIOVASCULAR SERVICES					336,883	76.02
76.03	03957	CARDIAC REHABILITATION					79,800	76.03
76.04	03190	RADIATION ONCOLOGY					586,097	76.04
76.05	03951	MRI					277,227	76.05
76.06	03952	BARIATRIC CENTER					0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY					29,917	76.07
76.08	03953	WOUND CARE					177,242	76.08
76.09	03954	RENAL DIALYSIS					329,697	76.09
76.10	03955	INFUSION					147,702	76.10
76.11	03956	CARE TRANSITION CENTER					150	76.11
76.12	03958	ANTI COAGULATION CLINIC					7,767	76.12

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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	Subtotal	
		23.02	23.03	23.04	23.05	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC					0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000 CLINIC					0	90.00
90.01	09001 OCC HEALTH CLINIC					0	90.01
91.00	09100 EMERGENCY					850,986	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC					0	99.00
99.10	09910 CORF					0	99.10
101.00	10100 HOME HEALTH AGENCY					427,693	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	15,421,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					35,266	190.00
190.01	19001 CONVENT					125	190.01
190.02	19002 HOME MEDICAL EQUIPMENT					0	190.02
190.03	19003 MEDICAL ARTS BUILDING					2,128	190.03
190.04	19004 WOMEN'S HEALTH CENTER					30,207	190.04
190.05	19005 DEVELOPMENT					0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES					0	190.06
190.07	19007 IMAGE RECOVERY					0	190.07
190.08	19008 FAMILY SERVICES					0	190.08
190.09	19009 MDWISE					0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC					0	190.10
190.11	19011 CENTER OF HOPE					13,561	190.11
190.12	19012 SELECT					0	190.12
190.13	19013 PERCINI AS					0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES					154,133	192.00
192.01	19201 WORKING WELL					44,877	192.01
193.00	19300 NONPAID WORKERS					0	193.00
194.01	07951 REHAB					507,120	194.01
200.00	Cross Foot Adjustments	1,587	1,547	9,534	409	23,974	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,587	1,547	9,534	409	16,232,564	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED PRGM - LAB		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - RESPTHER		23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		23.04
23.05	02305	PARAMED ED PRGM-EMT		23.05
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	4,718,243
31.00	03100	INTENSIVE CARE UNIT	0	722,760
32.00	02060	CORONARY CARE UNIT	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	79,285
43.00	04300	NURSERY	0	14,938
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,248,937
50.01	05001	OPEN HEART SURGERY	0	24,140
50.02	05002	OUTPATIENT SURGERY	0	782,293
51.00	05100	RECOVERY ROOM	0	14,530
53.00	05300	ANESTHESIOLOGY	0	161,917
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	602,879
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	475,809
54.02	05402	ULTRASOUND	0	109,261
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
55.01	05501	COMPUTED TOMOGRAPHY	0	369,972
57.00	05700	CT SCAN	0	0
58.00	05800	MRI	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	455,966
60.01	06001	BLOOD LABORATORY	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,426
63.01	06301	NUCLEAR MEDICINE	0	83,379
65.00	06500	RESPIRATORY THERAPY	0	279,177
66.00	06600	PHYSICAL THERAPY	0	404,965
67.00	06700	OCCUPATIONAL THERAPY	0	47,807
68.00	06800	SPEECH PATHOLOGY	0	116,922
69.00	06900	ELECTROCARDIOLOGY	0	163,159
70.00	07000	ELECTROENCEPHALOGRAPHY	0	74,596
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	233,804
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	213,409
73.00	07300	DRUGS CHARGED TO PATIENTS	0	740,621
76.00	03020	PAIN CLINIC	0	0
76.01	03950	ORTHOPEDI CS	0	24,817
76.02	03140	CARDIOVASCULAR SERVICES	0	336,883
76.03	03957	CARDIAC REHABILITATION	0	79,800
76.04	03190	RADIATION ONCOLOGY	0	586,097
76.05	03951	MRI	0	277,227
76.06	03952	BARITRIC CENTER	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	29,917
76.08	03953	WOUND CARE	0	177,242
76.09	03954	RENAL DIALYSIS	0	329,697
76.10	03955	INFUSION	0	147,702
76.11	03956	CARE TRANSITION CENTER	0	150

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.12	03958 ANTI COAGULATION CLINIC	0	7,767	76.12
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	850,986	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	427,693	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00		0	15,421,173	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,266	190.00
190.01	19001 CONVENT	0	125	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	2,128	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	30,207	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	13,561	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINIAS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	154,133	192.00
192.01	19201 WORKING WELL	0	44,877	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	507,120	194.01
200.00	Cross Foot Adjustments	0	23,974	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	16,232,564	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 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	603,986				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,793,247			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,901	10,229	60,259,951		4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	62,476	732,109	2,332,037	-27,488,543	162,079,151
6.00 00600	MAINTENANCE & REPAIRS	43,286	25,051	1,631,976	0	5,708,969
7.00 00700	OPERATION OF PLANT	28,493	23,529	344,398	0	5,390,110
8.00 00800	LAUNDRY & LINEN SERVICE	754	64,994	0	0	448,175
9.00 00900	HOUSEKEEPING	11,001	19,289	1,527,320	0	2,683,925
10.00 01000	DIETARY	11,490	17,894	1,083,744	0	886,576
11.00 01100	CAFETERIA	6,670	0	0	0	546,729
13.00 01300	NURSING ADMINISTRATION	7,398	55,102	3,801,918	0	5,894,277
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	67,855	297,003	0	978,034
15.00 01500	PHARMACY	6,398	3,881	2,842,531	0	5,399,281
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	2,758	257,992	0	1,713,978
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	23,003
22.00 02200	I & R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	626,502
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMED ED PRGM - LAB	0	0	75,173	0	217,552
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	67,901	0	99,752
23.03 02303	PARAMED ED PRGM - RESPIRATORY	0	0	66,871	0	95,679
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	415,199	0	609,627
23.05 02305	PARAMED ED PRGM-EMT	0	0	3,746	0	31,167
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	130,330	658,102	14,609,741	0	23,091,184
31.00 03100	INTENSIVE CARE UNIT	19,248	80,482	2,452,416	0	3,889,757
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	5,145,364
43.00 04300	NURSERY	0	0	0	0	1,062,914
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,588	271,809	835,578	0	2,575,493
50.01 05001	OPEN HEART SURGERY	0	18,806	131,532	0	253,709
50.02 05002	OUTPATIENT SURGERY	27,948	41,861	929,481	0	1,937,804
51.00 05100	RECOVERY ROOM	0	861	285,417	0	414,583
53.00 05300	ANESTHESIOLOGY	0	111,403	56,014	0	3,130,055
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,909	134,599	1,414,610	0	2,246,156
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	4,082	334,730	613,649	0	1,385,628
54.02 05402	ULTRASOUND	2,032	40,413	383,085	0	659,982
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	COMPUTED TOMOGRAPHY	2,079	265,912	453,805	0	1,125,751
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	13,880	168	0	0	5,478,763
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	428,087
63.01 06301	NUCLEAR MEDICINE	2,748	1,905	230,951	0	582,325
65.00 06500	RESPIRATORY THERAPY	5,514	88,707	1,213,015	0	2,331,185
66.00 06600	PHYSICAL THERAPY	14,266	2,436	1,552,083	0	2,928,232
67.00 06700	OCCUPATIONAL THERAPY	1,318	727	502,837	0	747,330
68.00 06800	SPEECH PATHOLOGY	4,084	6,013	304,834	0	586,362
69.00 06900	ELECTROCARDIOLOGY	2,295	84,968	303,814	0	599,393
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	22,433	104,986	0	215,755
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,617,119
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,165,157
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,291,228
76.00 03020	PAIN CLINIC	0	0	0	0	0
76.01 03950	ORTHOPEDICS	925	79	43,730	0	78,911
76.02 03140	CARDIOVASCULAR SERVICES	8,144	82,679	891,406	0	1,189,443
76.03 03957	CARDIAC REHABILITATION	1,754	21,820	374,783	0	591,399
76.04 03190	RADIATION ONCOLOGY	18,277	105,922	436,895	0	1,342,229
76.05 03951	MRI	4,002	158,928	154,340	0	594,023
76.06 03952	BARITRIC CENTER	0	0	0	0	0
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	2,390,270
76.08 03953	WOUND CARE	6,535	1,949	270,609	0	511,427
76.09 03954	RENAL DIALYSIS	12,621	0	0	0	1,213,234

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 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	4.00	5A.05	5.05	
76.10	03955 INFUSION	664	40,066	2,122,965	0	3,468,714	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	4,755	0	6,459	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	343,528	0	467,604	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	134,226	10,479,019	0	15,494,090	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	8,400	3,611,239	0	6,331,636	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	577,076	3,743,095	59,858,926	-27,488,543	160,922,091	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	33,963	0	116,205	190.00
190.01	19001 CONVENT	0	0	0	0	9,968	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	270	0	0	148,003	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	59,627	0	106,828	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	606,959	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	716	11,461	0	26,594	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	627	41,967	591,731	0	192.00
192.01	19201 WORKING WELL	0	36,393	254,007	0	374,691	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	12,146	0	0	374,771	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,360,545	3,872,019	21,600,661		27,488,543	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.464953	1.020766	0.358458		0.169600	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			69,810		2,028,582	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001158		0.012516	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: 15-0004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	495,323				6.00
7.00	00700	OPERATION OF PLANT	28,493	466,830			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	754	616,533		8.00
9.00	00900	HOUSEKEEPING	11,001	11,001	0	455,075	9.00
10.00	01000	DIETARY	11,490	11,490	0	11,490	167,908
11.00	01100	CAFETERIA	6,670	6,670	0	6,670	0
13.00	01300	NURSING ADMINISTRATION	7,398	7,398	0	7,398	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	10,673	0	10,673	0
15.00	01500	PHARMACY	6,398	6,398	0	6,398	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	18,953	0	18,953	0
17.00	01700	SOCIAL SERVICE	1,124	1,124	0	1,124	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
23.05	02305	PARAMED ED PRGM-EMT	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,330	130,330	448,253	130,330	123,563
31.00	03100	INTENSIVE CARE UNIT	19,248	19,248	81,980	19,248	22,598
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	7,410	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,588	36,588	0	36,588	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	27,948	27,948	0	27,948	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	16,909	0	16,909	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	4,082	0	4,082	0
54.02	05402	ULTRASOUND	2,032	2,032	0	2,032	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	2,079	0	2,079	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	13,880	0	13,880	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	2,748	2,748	0	2,748	0
65.00	06500	RESPIRATORY THERAPY	5,514	5,514	0	5,514	0
66.00	06600	PHYSICAL THERAPY	14,266	14,266	0	14,266	0
67.00	06700	OCCUPATIONAL THERAPY	1,318	1,318	0	1,318	0
68.00	06800	SPEECH PATHOLOGY	4,084	4,084	0	4,084	0
69.00	06900	ELECTROCARDIOLOGY	2,295	2,295	0	2,295	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	1,864	0	1,864	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDI CS	925	925	0	925	0
76.02	03140	CARDIOVASCULAR SERVICES	8,144	8,144	0	8,144	0
76.03	03957	CARDIAC REHABILITATION	1,754	1,754	0	1,754	0
76.04	03190	RADIATION ONCOLOGY	18,277	18,277	0	18,277	0
76.05	03951	MRI	4,002	4,002	0	4,002	0
76.06	03952	BARITRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	6,535	6,535	0	6,535	0
76.09	03954	RENAL DIALYSIS	12,621	12,621	0	12,621	0
76.10	03955	INFUSION	664	664	0	664	0
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	468,413	439,920	537,643	428,165	146,161	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	6,198	0	6,198	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	78,890	17,707	21,747	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,677,210	6,688,373	545,152	3,445,032	1,443,432	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.480517	14.327213	0.884222	7.570251	8.596565	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	984,760	731,635	90,065	319,298	314,672	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.988117	1.567241	0.146083	0.701638	1.874074	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description			CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	1,312,143					11.00
13.00	01300	NURSING ADMINISTRATION	97,768	503,801				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,739	1,040	7,429,883			14.00
15.00	01500	PHARMACY	68,585	0	0	27,048,545		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,586	6	0	0	658,861,034	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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	1,880	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,987	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	2,080	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	10,871	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	117	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	368,890	213,201	1,562	2,594	42,095,129	30.00
31.00	03100	INTENSIVE CARE UNIT	72,967	63,306	3,429	848	9,723,118	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	18,771,598	40.00
43.00	04300	NURSERY	0	0	0	0	697,805	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,717	14,016	136,823	8,699	18,559,289	50.00
50.01	05001	OPEN HEART SURGERY	1,658	673	1,206	0	1,136,694	50.01
50.02	05002	OUTPATIENT SURGERY	22,790	20,694	12,097	339	7,807,236	50.02
51.00	05100	RECOVERY ROOM	7,535	6,944	24	10	3,270,974	51.00
53.00	05300	ANESTHESIOLOGY	3,154	0	3,066	29,814	10,260,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,928	191	168	38	12,936,131	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	15,531	5,551	50,956	0	8,957,522	54.01
54.02	05402	ULTRASOUND	9,419	323	167	0	9,603,448	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	12,880	106	1,193	33	38,732,107	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	55,589,100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,346,951	63.00
63.01	06301	NUCLEAR MEDICINE	5,457	21	0	166,315	4,700,299	63.01
65.00	06500	RESPIRATORY THERAPY	39,899	0	0	2,269	20,790,772	65.00
66.00	06600	PHYSICAL THERAPY	49,691	309	0	0	5,852,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,075	0	0	0	3,738,596	67.00
68.00	06800	SPEECH PATHOLOGY	7,107	0	0	0	1,510,799	68.00
69.00	06900	ELECTROCARDIOLOGY	11,460	434	4	330	12,672,001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,485	2,309	0	0	1,204,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,609,606	0	24,511,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,378,613	0	3,791,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,755,996	201,553,253	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	1,032	1,032	0	0	22,939	76.01
76.02	03140	CARDIOVASCULAR SERVICES	20,532	14,374	211,641	769	16,653,497	76.02
76.03	03957	CARDIAC REHABILITATION	10,770	5,303	0	80	1,818,237	76.03
76.04	03190	RADIATION ONCOLOGY	8,669	2,208	1	0	7,875,126	76.04
76.05	03951	MRI	4,022	3	0	0	9,988,077	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	8,345	6,084	95	6,978	2,317,610	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	3,149,364	76.09
76.10	03955	INFUSION	56,617	38,830	2,081	6,325	14,513,241	76.10
76.11	03956	CARE TRANSITION CENTER	80	80	0	0	1,136	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
76.12	03958 ANTI COAGULATION CLINIC	7,239	0	0	62	715,717	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	148,039	72,671	3,931	18,132	69,463,369	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	96,045	34,064	997	12,397	12,529,432	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,290,646	503,773	7,417,660	27,012,028	658,861,034	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,288	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	3,212	0	23	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	279	19	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,608	9	30	0	0	192.00
192.01	19201 WORKING WELL	14,110	0	12,170	36,517	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	875,426	7,220,901	1,544,903	6,587,105	2,681,002	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.667173	14.332844	0.207931	0.243529	0.004069	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	171,738	330,111	348,054	241,979	494,249	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.130884	0.655241	0.046845	0.008946	0.000750	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	658,861,034					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	100				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0		764			23.00
23.01 02301 PARAMED PRGM - LAB	0			177,707		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0				179,458	23.02
23.03 02303 PARAMED PRGM - RESPTHER	0					23.03
23.04 02304 PARAMED PRGM-PHARMACY	0					23.04
23.05 02305 PARAMED PRGM-EMT	0					23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	42,095,129	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	9,723,118	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - I/PF	18,771,598	0	0	0	0	40.00
43.00 04300 NURSERY	697,805	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	18,559,289	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	1,136,694	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	7,807,236	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	3,270,974	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	10,260,193	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,936,131	0	0	0	170,485	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	8,957,522	0	0	0	3,589	54.01
54.02 05402 ULTRASOUND	9,603,448	0	0	0	1,795	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	38,732,107	0	0	0	3,589	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	55,589,100	0	0	145,720	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,346,951	0	0	28,433	0	63.00
63.01 06301 NUCLEAR MEDICINE	4,700,299	0	0	3,554	0	63.01
65.00 06500 RESPIRATORY THERAPY	20,790,772	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,852,713	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,738,596	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,510,799	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	12,672,001	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,204,447	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,511,248	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,791,866	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	201,553,253	0	764	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	22,939	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	16,653,497	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	1,818,237	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	7,875,126	0	0	0	0	76.04
76.05 03951 MRI	9,988,077	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	2,317,610	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	3,149,364	0	0	0	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
76.10 03955 INFUSION	14,513,241	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	1,136	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	715,717	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	69,463,369	100	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	12,529,432	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	658,861,034	100	764	177,707	179,458	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	66,669	732,757	0	255,703	117,996	202.00
203.00	Cost to be allocated (per Wkst. B, Part I)					
203.00	0.000101	7,327.570000	0.000000	1.438902	0.657513	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					
204.00	28,077	7,841	0	3,056	1,587	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					
205.00	0.000043	78.410000	0.000000	0.017197	0.008843	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					
206.00			0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					
207.00			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)	
		23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.05	00590				5.05
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303	114,230			23.03
23.04	02304		715,898		23.04
23.05	02305			100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	02060	0	0	0	32.00
35.00	02040	0	0	0	35.00
40.00	04000	0	0	0	40.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
50.01	05001	0	0	0	50.01
50.02	05002	0	0	0	50.02
51.00	05100	0	0	0	51.00
53.00	05300	0	0	0	53.00
54.00	05400	0	0	0	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
55.00	05500	0	0	0	55.00
55.01	05501	0	0	0	55.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
63.00	06300	0	0	0	63.00
63.01	06301	0	0	0	63.01
65.00	06500	114,230	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	715,898	0	73.00
76.00	03020	0	0	0	76.00
76.01	03950	0	0	0	76.01
76.02	03140	0	0	0	76.02
76.03	03957	0	0	0	76.03
76.04	03190	0	0	0	76.04
76.05	03951	0	0	0	76.05
76.06	03952	0	0	0	76.06
76.07	03550	0	0	0	76.07
76.08	03953	0	0	0	76.08
76.09	03954	0	0	0	76.09
76.10	03955	0	0	0	76.10
76.11	03956	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	114,230	715,898	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	190.11
190.12	19012 SELECT	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.01	07951 REHAB	0	0	0	194.01
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	113,294	720,273	36,531	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.991806	1.006111	365.310000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,547	9,534	409	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013543	0.013318	4.090000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2018 10:09 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	36,555,218		36,555,218	5,223	36,560,441	30.00
31.00	03100	INTENSIVE CARE UNIT	6,494,671		6,494,671	18,898	6,513,569	31.00
32.00	02060	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	6,096,296		6,096,296	0	6,096,296	40.00
43.00	04300	NURSERY	1,252,645		1,252,645	0	1,252,645	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,632,713		4,632,713	893	4,633,606	50.00
50.01	05001	OPEN HEART SURGERY	312,481		312,481	18,957	331,438	50.01
50.02	05002	OUTPATIENT SURGERY	3,602,163		3,602,163	0	3,602,163	50.02
51.00	05100	RECOVERY ROOM	603,097		603,097	0	603,097	51.00
53.00	05300	ANESTHESIOLOGY	3,713,700		3,713,700	0	3,713,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,431,446		3,431,446	0	3,431,446	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,905,276		1,905,276	0	1,905,276	54.01
54.02	05402	ULTRASOUND	895,978		895,978	0	895,978	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,564,470		1,564,470	0	1,564,470	55.01
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,340,491		7,340,491	9,931	7,350,422	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	547,220		547,220	0	547,220	63.00
63.01	06301	NUCLEAR MEDICINE	847,465		847,465	0	847,465	63.01
65.00	06500	RESPIRATORY THERAPY	3,148,793	0	3,148,793	0	3,148,793	65.00
66.00	06600	PHYSICAL THERAPY	3,991,549	0	3,991,549	0	3,991,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	944,351	0	944,351	0	944,351	67.00
68.00	06800	SPEECH PATHOLOGY	841,334	0	841,334	0	841,334	68.00
69.00	06900	ELECTROCARDIOLOGY	849,032		849,032	0	849,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	358,068		358,068	0	358,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,083,342		5,083,342	0	5,083,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,589,898		5,589,898	0	5,589,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,996,573		39,996,573	0	39,996,573	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	76.00
76.01	03950	ORTHOPEDECS	140,593		140,593	0	140,593	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,012,648		2,012,648	6,832	2,019,480	76.02
76.03	03957	CARDIAC REHABILITATION	844,546		844,546	0	844,546	76.03
76.04	03190	RADIATION ONCOLOGY	2,286,743		2,286,743	0	2,286,743	76.04
76.05	03951	MRI	880,728		880,728	0	880,728	76.05
76.06	03952	BARIATRIC CENTER	0		0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,795,660		2,795,660	0	2,795,660	76.07
76.08	03953	WOUND CARE	933,512		933,512	688	934,200	76.08
76.09	03954	RENAL DIALYSIS	1,878,637		1,878,637	0	1,878,637	76.09
76.10	03955	INFUSION	4,737,309		4,737,309	952	4,738,261	76.10
76.11	03956	CARE TRANSITION CENTER	8,759		8,759	0	8,759	76.11
76.12	03958	ANTI COAGULATION CLINIC	554,739		554,739	0	554,739	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	20,145,313		20,145,313	10,241	20,155,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,168,696		9,168,696	0	9,168,696	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	8,429,277		8,429,277	0	8,429,277	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	195,415,430	0	195,415,430	72,615	195,488,045	200.00
201.00		Less Observation Beds	9,168,696		9,168,696		9,168,696	201.00
202.00		Total (see instructions)	186,246,734	0	186,246,734	72,615	186,319,349	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,367,556		32,367,556	30.00
31.00	03100	INTENSIVE CARE UNIT	9,723,118		9,723,118	31.00
32.00	02060	CORONARY CARE UNIT	0		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	35.00
40.00	04000	SUBPROVIDER - I PF	18,771,598		18,771,598	40.00
43.00	04300	NURSERY	697,805		697,805	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,578,244	11,981,045	18,559,289	50.00
50.01	05001	OPEN HEART SURGERY	1,136,694	0	1,136,694	50.01
50.02	05002	OUTPATIENT SURGERY	2,252,091	5,555,145	7,807,236	50.02
51.00	05100	RECOVERY ROOM	1,187,034	2,083,940	3,270,974	51.00
53.00	05300	ANESTHESIOLOGY	3,425,936	6,834,257	10,260,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,854,529	9,081,602	12,936,131	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,783,331	5,174,191	8,957,522	54.01
54.02	05402	ULTRASOUND	3,010,589	6,592,859	9,603,448	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,281,875	27,450,232	38,732,107	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	26,381,718	29,207,382	55,589,100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	815,702	531,249	1,346,951	63.00
63.01	06301	NUCLEAR MEDICINE	946,451	3,753,848	4,700,299	63.01
65.00	06500	RESPIRATORY THERAPY	18,528,624	2,262,148	20,790,772	65.00
66.00	06600	PHYSICAL THERAPY	3,785,490	2,067,223	5,852,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,079,332	659,264	3,738,596	67.00
68.00	06800	SPEECH PATHOLOGY	1,218,089	292,710	1,510,799	68.00
69.00	06900	ELECTROCARDIOLOGY	5,958,132	6,713,869	12,672,001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,249	1,179,198	1,204,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,164,186	11,347,062	24,511,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,234,613	1,557,253	3,791,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,964,749	158,588,504	201,553,253	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	3,828	19,111	22,939	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,841,028	7,812,469	16,653,497	76.02
76.03	03957	CARDIAC REHABILITATION	455,089	1,363,148	1,818,237	76.03
76.04	03190	RADIATION ONCOLOGY	332,769	7,542,357	7,875,126	76.04
76.05	03951	MRI	4,001,342	5,986,735	9,988,077	76.05
76.06	03952	BARITRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03953	WOUND CARE	37,704	2,279,906	2,317,610	76.08
76.09	03954	RENAL DIALYSIS	2,489,248	660,116	3,149,364	76.09
76.10	03955	INFUSION	13,351	14,499,890	14,513,241	76.10
76.11	03956	CARE TRANSITION CENTER	0	1,136	1,136	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,309	714,408	715,717	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100	EMERGENCY	12,831,592	56,631,777	69,463,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,483,733	7,243,840	9,727,573	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	12,529,432	12,529,432	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	248,663,728	410,197,306	658,861,034	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	248,663,728	410,197,306	658,861,034	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 10:09 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249665		50.00
50.01	05001	OPEN HEART SURGERY	0.291581		50.01
50.02	05002	OUTPATIENT SURGERY	0.461388		50.02
51.00	05100	RECOVERY ROOM	0.184378		51.00
53.00	05300	ANESTHESIOLOGY	0.361952		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265261		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.212701		54.01
54.02	05402	ULTRASOUND	0.093298		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.040392		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.132228		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.406266		63.00
63.01	06301	NUCLEAR MEDICINE	0.180300		63.01
65.00	06500	RESPIRATORY THERAPY	0.151451		65.00
66.00	06600	PHYSICAL THERAPY	0.682000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252595		67.00
68.00	06800	SPEECH PATHOLOGY	0.556880		68.00
69.00	06900	ELECTROCARDIOLOGY	0.067001		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297288		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.474181		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	6.128994		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.121265		76.02
76.03	03957	CARDIAC REHABILITATION	0.464486		76.03
76.04	03190	RADIATION ONCOLOGY	0.290375		76.04
76.05	03951	MRI	0.088178		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.403088		76.08
76.09	03954	RENAL DIALYSIS	0.596513		76.09
76.10	03955	INFUSION	0.326478		76.10
76.11	03956	CARE TRANSITION CENTER	7.710387		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.775081		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.290161		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.942547		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
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: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2018 10:09 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	36,555,218	36,555,218	5,223	36,560,441	30.00
31.00	03100 INTENSIVE CARE UNIT	6,494,671	6,494,671	18,898	6,513,569	31.00
32.00	02060 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	6,096,296	6,096,296	0	6,096,296	40.00
43.00	04300 NURSERY	1,252,645	1,252,645	0	1,252,645	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,632,713	4,632,713	893	4,633,606	50.00
50.01	05001 OPEN HEART SURGERY	312,481	312,481	18,957	331,438	50.01
50.02	05002 OUTPATIENT SURGERY	3,602,163	3,602,163	0	3,602,163	50.02
51.00	05100 RECOVERY ROOM	603,097	603,097	0	603,097	51.00
53.00	05300 ANESTHESIOLOGY	3,713,700	3,713,700	0	3,713,700	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,431,446	3,431,446	0	3,431,446	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	1,905,276	1,905,276	0	1,905,276	54.01
54.02	05402 ULTRASOUND	895,978	895,978	0	895,978	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,564,470	1,564,470	0	1,564,470	55.01
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	7,340,491	7,340,491	9,931	7,350,422	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	547,220	547,220	0	547,220	63.00
63.01	06301 NUCLEAR MEDICINE	847,465	847,465	0	847,465	63.01
65.00	06500 RESPIRATORY THERAPY	3,148,793	3,148,793	0	3,148,793	65.00
66.00	06600 PHYSICAL THERAPY	3,991,549	3,991,549	0	3,991,549	66.00
67.00	06700 OCCUPATIONAL THERAPY	944,351	944,351	0	944,351	67.00
68.00	06800 SPEECH PATHOLOGY	841,334	841,334	0	841,334	68.00
69.00	06900 ELECTROCARDIOLOGY	849,032	849,032	0	849,032	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	358,068	358,068	0	358,068	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,083,342	5,083,342	0	5,083,342	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,589,898	5,589,898	0	5,589,898	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	39,996,573	39,996,573	0	39,996,573	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	140,593	140,593	0	140,593	76.01
76.02	03140 CARDIOVASCULAR SERVICES	2,012,648	2,012,648	6,832	2,019,480	76.02
76.03	03957 CARDIAC REHABILITATION	844,546	844,546	0	844,546	76.03
76.04	03190 RADIATION ONCOLOGY	2,286,743	2,286,743	0	2,286,743	76.04
76.05	03951 MRI	880,728	880,728	0	880,728	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	2,795,660	2,795,660	0	2,795,660	76.07
76.08	03953 WOUND CARE	933,512	933,512	688	934,200	76.08
76.09	03954 RENAL DIALYSIS	1,878,637	1,878,637	0	1,878,637	76.09
76.10	03955 INFUSION	4,737,309	4,737,309	952	4,738,261	76.10
76.11	03956 CARE TRANSITION CENTER	8,759	8,759	0	8,759	76.11
76.12	03958 ANTI COAGULATION CLINIC	554,739	554,739	0	554,739	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100 EMERGENCY	20,145,313	20,145,313	10,241	20,155,554	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,168,696	9,168,696	0	9,168,696	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	8,429,277	8,429,277	0	8,429,277	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	195,415,430	195,415,430	72,615	195,488,045	200.00
201.00	Less Observation Beds	9,168,696	9,168,696	0	9,168,696	201.00
202.00	Total (see instructions)	186,246,734	186,246,734	72,615	186,319,349	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C
Part I
Date/Time Prepared:
5/31/2018 10:09 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	32,367,556		32,367,556		30.00
31.00	03100	INTENSIVE CARE UNIT	9,723,118		9,723,118		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - I PF	18,771,598		18,771,598		40.00
43.00	04300	NURSERY	697,805		697,805		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,578,244	11,981,045	18,559,289	0.249617	50.00
50.01	05001	OPEN HEART SURGERY	1,136,694	0	1,136,694	0.274903	50.01
50.02	05002	OUTPATIENT SURGERY	2,252,091	5,555,145	7,807,236	0.461388	50.02
51.00	05100	RECOVERY ROOM	1,187,034	2,083,940	3,270,974	0.184378	51.00
53.00	05300	ANESTHESIOLOGY	3,425,936	6,834,257	10,260,193	0.361952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,854,529	9,081,602	12,936,131	0.265261	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,783,331	5,174,191	8,957,522	0.212701	54.01
54.02	05402	ULTRASOUND	3,010,589	6,592,859	9,603,448	0.093298	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,281,875	27,450,232	38,732,107	0.040392	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	26,381,718	29,207,382	55,589,100	0.132049	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	815,702	531,249	1,346,951	0.406266	63.00
63.01	06301	NUCLEAR MEDICINE	946,451	3,753,848	4,700,299	0.180300	63.01
65.00	06500	RESPIRATORY THERAPY	18,528,624	2,262,148	20,790,772	0.151451	65.00
66.00	06600	PHYSICAL THERAPY	3,785,490	2,067,223	5,852,713	0.682000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,079,332	659,264	3,738,596	0.252595	67.00
68.00	06800	SPEECH PATHOLOGY	1,218,089	292,710	1,510,799	0.556880	68.00
69.00	06900	ELECTROCARDIOLOGY	5,958,132	6,713,869	12,672,001	0.067001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,249	1,179,198	1,204,447	0.297288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,164,186	11,347,062	24,511,248	0.207388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,234,613	1,557,253	3,791,866	1.474181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,964,749	158,588,504	201,553,253	0.198442	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	3,828	19,111	22,939	6.128994	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,841,028	7,812,469	16,653,497	0.120854	76.02
76.03	03957	CARDIAC REHABILITATION	455,089	1,363,148	1,818,237	0.464486	76.03
76.04	03190	RADIATION ONCOLOGY	332,769	7,542,357	7,875,126	0.290375	76.04
76.05	03951	MRI	4,001,342	5,986,735	9,988,077	0.088178	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	37,704	2,279,906	2,317,610	0.402791	76.08
76.09	03954	RENAL DIALYSIS	2,489,248	660,116	3,149,364	0.596513	76.09
76.10	03955	INFUSION	13,351	14,499,890	14,513,241	0.326413	76.10
76.11	03956	CARE TRANSITION CENTER	0	1,136	1,136	7.710387	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,309	714,408	715,717	0.775081	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	12,831,592	56,631,777	69,463,369	0.290013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,483,733	7,243,840	9,727,573	0.942547	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	12,529,432	12,529,432		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	248,663,728	410,197,306	658,861,034		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	248,663,728	410,197,306	658,861,034		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 10:09 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249665		50.00
50.01	05001	OPEN HEART SURGERY	0.291581		50.01
50.02	05002	OUTPATIENT SURGERY	0.461388		50.02
51.00	05100	RECOVERY ROOM	0.184378		51.00
53.00	05300	ANESTHESIOLOGY	0.361952		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265261		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.212701		54.01
54.02	05402	ULTRASOUND	0.093298		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.040392		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.132228		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.406266		63.00
63.01	06301	NUCLEAR MEDICINE	0.180300		63.01
65.00	06500	RESPIRATORY THERAPY	0.151451		65.00
66.00	06600	PHYSICAL THERAPY	0.682000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252595		67.00
68.00	06800	SPEECH PATHOLOGY	0.556880		68.00
69.00	06900	ELECTROCARDIOLOGY	0.067001		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297288		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.474181		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	6.128994		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.121265		76.02
76.03	03957	CARDIAC REHABILITATION	0.464486		76.03
76.04	03190	RADIATION ONCOLOGY	0.290375		76.04
76.05	03951	MRI	0.088178		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.403088		76.08
76.09	03954	RENAL DIALYSIS	0.596513		76.09
76.10	03955	INFUSION	0.326478		76.10
76.11	03956	CARE TRANSITION CENTER	7.710387		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.775081		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.290161		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.942547		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/31/2018 10:09 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,718,243	0	4,718,243	25,237	186.96	30.00
31.00	INTENSIVE CARE UNIT	722,760		722,760	3,529	204.81	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	79,285	0	79,285	9,456	8.38	40.00
43.00	NURSERY	14,938		14,938	319	46.83	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,535,226		5,535,226	38,541		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,530	1,594,769				
31.00	INTENSIVE CARE UNIT	1,461	299,227				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	899	7,534				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	10,890	1,901,530				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 10:09 am	
Title XVIII			Hospital		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	1,248,937	18,559,289	0.067294	4,033,772	271,449	50.00
50.01	05001	OPEN HEART SURGERY	24,140	1,136,694	0.021237	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	782,293	7,807,236	0.100201	1,051,399	105,351	50.02
51.00	05100	RECOVERY ROOM	14,530	3,270,974	0.004442	532,204	2,364	51.00
53.00	05300	ANESTHESIOLOGY	161,917	10,260,193	0.015781	1,333,268	21,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,879	12,936,131	0.046604	2,069,883	96,465	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	475,809	8,957,522	0.053118	1,168,249	62,055	54.01
54.02	05402	ULTRASOUND	109,261	9,603,448	0.011377	1,443,371	16,421	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	369,972	38,732,107	0.009552	4,843,398	46,264	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	455,966	55,589,100	0.008202	11,960,251	98,098	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,426	1,346,951	0.004771	618,588	2,951	63.00
63.01	06301	NUCLEAR MEDICINE	83,379	4,700,299	0.017739	511,391	9,072	63.01
65.00	06500	RESPIRATORY THERAPY	279,177	20,790,772	0.013428	7,670,222	102,996	65.00
66.00	06600	PHYSICAL THERAPY	404,965	5,852,713	0.069193	886,754	61,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,807	3,738,596	0.012787	708,330	9,057	67.00
68.00	06800	SPEECH PATHOLOGY	116,922	1,510,799	0.077391	303,004	23,450	68.00
69.00	06900	ELECTROCARDIOLOGY	163,159	12,672,001	0.012876	2,751,925	35,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,596	1,204,447	0.061934	10,344	641	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,804	24,511,248	0.009539	4,157,241	39,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,409	3,791,866	0.056281	1,835,821	103,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	740,621	201,553,253	0.003675	19,243,061	70,718	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	24,817	22,939	1.081869	1,342	1,452	76.01
76.02	03140	CARDIOVASCULAR SERVICES	336,883	16,653,497	0.020229	2,802,379	56,689	76.02
76.03	03957	CARDIAC REHABILITATION	79,800	1,818,237	0.043889	200,852	8,815	76.03
76.04	03190	RADIATION ONCOLOGY	586,097	7,875,126	0.074424	105,191	7,829	76.04
76.05	03951	MRI	277,227	9,988,077	0.027756	1,492,596	41,428	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	29,917	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	177,242	2,317,610	0.076476	26,853	2,054	76.08
76.09	03954	RENAL DIALYSIS	329,697	3,149,364	0.104687	1,139,438	119,284	76.09
76.10	03955	INFUSION	147,702	14,513,241	0.010177	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	150	1,136	0.132042	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	7,767	715,717	0.010852	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	850,986	69,463,369	0.012251	3,452,481	42,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,183,248	9,727,573	0.121639	1,161,780	141,318	92.00
200.00		Total (lines 50 through 199)	10,641,502	584,771,525		77,515,388	1,599,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/31/2018 10:09 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	PPS
Title XVIII		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	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	
Title XVIII		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	25,237	0.00	8,530
31.00	03100	INTENSIVE CARE UNIT	0	0	3,529	0.00	1,461
32.00	02060	CORONARY CARE UNIT	0	0	0	0.00	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0.00	0
40.00	04000	SUBPROVIDER - IPF	0	0	9,456	0.00	899
43.00	04300	NURSERY	0	0	319	0.00	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0
45.00	04500	NURSING FACILITY	0	0	0	0.00	0
200.00		Total (lines 30 through 199)	0	0	38,541		10,890
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
Title XVIII		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
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0				35.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am
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Cost Center Description	Title XVIII					
	Hospital		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 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
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	112,096	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,360	54.01
54.02 05402 ULTRASOUND	0	0	0	0	1,180	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,360	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	209,677	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	40,912	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	5,114	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	113,294	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	720,273	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	36,531	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	1,243,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 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	18,559,289	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	1,136,694	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	7,807,236	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,270,974	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,260,193	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,096	112,096	12,936,131	0.008665	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,360	2,360	8,957,522	0.000263	54.01
54.02	05402	ULTRASOUND	0	1,180	1,180	9,603,448	0.000123	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,360	2,360	38,732,107	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	209,677	209,677	55,589,100	0.003772	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	40,912	40,912	1,346,951	0.030374	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,114	5,114	4,700,299	0.001088	63.01
65.00	06500	RESPIRATORY THERAPY	0	113,294	113,294	20,790,772	0.005449	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,852,713	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,738,596	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,510,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,672,001	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,204,447	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,511,248	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,791,866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	720,273	720,273	201,553,253	0.003574	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	22,939	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,653,497	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	1,818,237	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	7,875,126	0.000000	76.04
76.05	03951	MRI	0	0	0	9,988,077	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,317,610	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	3,149,364	0.000000	76.09
76.10	03955	INFUSION	0	0	0	14,513,241	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	1,136	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	715,717	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	36,531	36,531	69,463,369	0.000526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,727,573	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,243,797	1,243,797	584,771,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	4,033,772	0	3,899,113	0	50.00	
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01	
50.02	05002 OUTPATIENT SURGERY	0.000000	1,051,399	0	1,035,435	0	50.02	
51.00	05100 RECOVERY ROOM	0.000000	532,204	0	700,851	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,333,268	0	1,592,779	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.008665	2,069,883	17,936	1,720,563	14,909	54.00	
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000263	1,168,249	307	2,506,313	659	54.01	
54.02	05402 ULTRASOUND	0.000123	1,443,371	178	1,552,074	191	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	4,843,398	295	5,627,749	343	55.01	
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.003772	11,960,251	45,114	4,827,221	18,208	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.030374	618,588	18,789	260,414	7,910	63.00	
63.01	06301 NUCLEAR MEDICINE	0.001088	511,391	556	1,237,239	1,346	63.01	
65.00	06500 RESPIRATORY THERAPY	0.005449	7,670,222	41,795	444,702	2,423	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	886,754	0	92,311	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	708,330	0	61,475	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	303,004	0	23,111	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,751,925	0	1,896,253	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,344	0	626,444	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,157,241	0	2,309,999	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,835,821	0	1,442,255	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003574	19,243,061	68,775	64,814,687	231,648	73.00	
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00	
76.01	03950 ORTHOPEDICS	0.000000	1,342	0	2,504	0	76.01	
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	2,802,379	0	2,224,274	0	76.02	
76.03	03957 CARDIAC REHABILITATION	0.000000	200,852	0	510,518	0	76.03	
76.04	03190 RADIATION ONCOLOGY	0.000000	105,191	0	4,260,893	0	76.04	
76.05	03951 MRI	0.000000	1,492,596	0	1,518,047	0	76.05	
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06	
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07	
76.08	03953 WOUND CARE	0.000000	26,853	0	2,145,246	0	76.08	
76.09	03954 RENAL DIALYSIS	0.000000	1,139,438	0	187,566	0	76.09	
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10	
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11	
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01	
91.00	09100 EMERGENCY	0.000526	3,452,481	1,816	5,600,875	2,946	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,161,780	0	1,801,751	0	92.00	
200.00	Total (lines 50 through 199)		77,515,388	195,561	114,922,662	280,583	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 10:09 am
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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	0.249617	3,899,113	0	0	973,285
50.01 05001 OPEN HEART SURGERY	0.274903	0	0	0	0
50.02 05002 OUTPATIENT SURGERY	0.461388	1,035,435	0	0	477,737
51.00 05100 RECOVERY ROOM	0.184378	700,851	0	0	129,222
53.00 05300 ANESTHESIOLOGY	0.361952	1,592,779	0	0	576,510
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.265261	1,720,563	0	0	456,398
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.212701	2,506,313	0	0	533,095
54.02 05402 ULTRASOUND	0.093298	1,552,074	0	0	144,805
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 COMPUTED TOMOGRAPHY	0.040392	5,627,749	0	0	227,316
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.132049	4,827,221	0	0	637,430
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.406266	260,414	0	0	105,797
63.01 06301 NUCLEAR MEDICINE	0.180300	1,237,239	0	0	223,074
65.00 06500 RESPIRATORY THERAPY	0.151451	444,702	0	0	67,351
66.00 06600 PHYSICAL THERAPY	0.682000	92,311	0	0	62,956
67.00 06700 OCCUPATIONAL THERAPY	0.252595	61,475	0	0	15,528
68.00 06800 SPEECH PATHOLOGY	0.556880	23,111	0	0	12,870
69.00 06900 ELECTROCARDIOLOGY	0.067001	1,896,253	0	0	127,051
70.00 07000 ELECTROENCEPHALOGRAPHY	0.297288	626,444	0	0	186,234
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388	2,309,999	0	0	479,066
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1.474181	1,442,255	0	0	2,126,145
73.00 07300 DRUGS CHARGED TO PATIENTS	0.198442	64,814,687	0	105,745	12,861,956
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0
76.01 03950 ORTHOPEDICS	6.128994	2,504	0	0	15,347
76.02 03140 CARDIOVASCULAR SERVICES	0.120854	2,224,274	0	0	268,812
76.03 03957 CARDIAC REHABILITATION	0.464486	510,518	0	0	237,128
76.04 03190 RADIATION ONCOLOGY	0.290375	4,260,893	0	0	1,237,257
76.05 03951 MRI	0.088178	1,518,047	0	0	133,858
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0
76.08 03953 WOUND CARE	0.402791	2,145,246	0	0	864,086
76.09 03954 RENAL DIALYSIS	0.596513	187,566	0	0	111,886
76.10 03955 INFUSION	0.326413	0	0	0	0
76.11 03956 CARE TRANSITION CENTER	7.710387	0	0	0	0
76.12 03958 ANTICOAGULATION CLINIC	0.775081	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.290013	5,600,875	0	172	1,624,327
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.942547	1,801,751	0	0	1,698,235
200.00 Subtotal (see instructions)		114,922,662	0	105,917	26,614,762
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		114,922,662	0	105,917	26,614,762

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 10:09 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 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
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
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
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	20,984		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	50		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	21,034		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	21,034		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 10:09 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,248,937	18,559,289	0.067294	0	0	50.00
50.01	05001	OPEN HEART SURGERY	24,140	1,136,694	0.021237	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	782,293	7,807,236	0.100201	0	0	50.02
51.00	05100	RECOVERY ROOM	14,530	3,270,974	0.004442	0	0	51.00
53.00	05300	ANESTHESIOLOGY	161,917	10,260,193	0.015781	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,879	12,936,131	0.046604	6,459	301	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	475,809	8,957,522	0.053118	0	0	54.01
54.02	05402	ULTRASOUND	109,261	9,603,448	0.011377	2,752	31	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	369,972	38,732,107	0.009552	42,565	407	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	455,966	55,589,100	0.008202	253,852	2,082	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,426	1,346,951	0.004771	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	83,379	4,700,299	0.017739	12,716	226	63.01
65.00	06500	RESPIRATORY THERAPY	279,177	20,790,772	0.013428	17,853	240	65.00
66.00	06600	PHYSICAL THERAPY	404,965	5,852,713	0.069193	3,173	220	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,807	3,738,596	0.012787	1,158	15	67.00
68.00	06800	SPEECH PATHOLOGY	116,922	1,510,799	0.077391	294	23	68.00
69.00	06900	ELECTROCARDIOLOGY	163,159	12,672,001	0.012876	58,507	753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,596	1,204,447	0.061934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,804	24,511,248	0.009539	31,632	302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,409	3,791,866	0.056281	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	740,621	201,553,253	0.003675	317,061	1,165	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	24,817	22,939	1.081869	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	336,883	16,653,497	0.020229	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	79,800	1,818,237	0.043889	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	586,097	7,875,126	0.074424	0	0	76.04
76.05	03951	MRI	277,227	9,988,077	0.027756	3,942	109	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	29,917	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	177,242	2,317,610	0.076476	0	0	76.08
76.09	03954	RENAL DIALYSIS	329,697	3,149,364	0.104687	0	0	76.09
76.10	03955	INFUSION	147,702	14,513,241	0.010177	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	150	1,136	0.132042	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	7,767	715,717	0.010852	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	850,986	69,463,369	0.012251	169,480	2,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,727,573	0.000000	9,960	0	92.00
200.00		Total (lines 50 through 199)	9,458,254	584,771,525		931,404	7,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
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	112,096	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,360	54.01
54.02 05402 ULTRASOUND	0	0	0	0	1,180	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,360	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	209,677	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	40,912	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	0	5,114	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	113,294	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	720,273	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	36,531	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	1,243,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,559,289	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	1,136,694	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	7,807,236	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,270,974	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,260,193	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,096	112,096	12,936,131	0.008665	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,360	2,360	8,957,522	0.000263	54.01
54.02	05402	ULTRASOUND	0	1,180	1,180	9,603,448	0.000123	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,360	2,360	38,732,107	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	209,677	209,677	55,589,100	0.003772	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	40,912	40,912	1,346,951	0.030374	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,114	5,114	4,700,299	0.001088	63.01
65.00	06500	RESPIRATORY THERAPY	0	113,294	113,294	20,790,772	0.005449	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,852,713	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,738,596	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,510,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,672,001	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,204,447	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,511,248	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,791,866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	720,273	720,273	201,553,253	0.003574	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	22,939	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,653,497	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	1,818,237	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	7,875,126	0.000000	76.04
76.05	03951	MRI	0	0	0	9,988,077	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,317,610	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	3,149,364	0.000000	76.09
76.10	03955	INFUSION	0	0	0	14,513,241	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	1,136	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	715,717	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	36,531	36,531	69,463,369	0.000526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,727,573	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,243,797	1,243,797	584,771,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.008665	6,459	56	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000263	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000123	2,752	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	42,565	3	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003772	253,852	958	1,257	5	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.030374	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001088	12,716	14	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.005449	17,853	97	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,173	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,158	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	294	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	58,507	0	333	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	31,632	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003574	317,061	1,133	76	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	3,942	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	710	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000526	169,480	89	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	9,960	0	0	0	92.00
200.00	Total (lines 50 through 199)		931,404	2,350	2,376	5	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 10:09 am			
			Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	5.00	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.249617	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0.274903	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.461388	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.184378	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.361952	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265261	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.212701	0	0	0	54.01
54.02	05402	ULTRASOUND	0.093298	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.040392	0	0	0	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.132049	1,257	0	0	166 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.406266	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.180300	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.151451	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.682000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252595	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.556880	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067001	333	0	0	22 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297288	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.474181	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442	76	0	0	15 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	76.00
76.01	03950	ORTHOPEDICS	6.128994	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.120854	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.464486	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0.290375	0	0	0	76.04
76.05	03951	MRI	0.088178	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	76.07
76.08	03953	WOUND CARE	0.402791	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0.596513	0	0	0	76.09
76.10	03955	INFUSION	0.326413	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	7.710387	710	0	0	5,474 76.11
76.12	03958	ANTI COAGULATION CLINIC	0.775081	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.290013	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.942547	0	0	0	92.00
200.00		Subtotal (see instructions)		2,376	0	0	5,677 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		2,376	0	0	5,677 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 10:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	50.02
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
54.02 05402 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	55.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	63.01
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 03020 PAIN CLINIC	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	76.04
76.05 03951 MRI	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	76.07
76.08 03953 WOUND CARE	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	76.09
76.10 03955 INFUSION	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	90.01
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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 10:09 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,248,937	18,559,289	0.067294	0	0	50.00
50.01	05001	OPEN HEART SURGERY	24,140	1,136,694	0.021237	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	782,293	7,807,236	0.100201	0	0	50.02
51.00	05100	RECOVERY ROOM	14,530	3,270,974	0.004442	0	0	51.00
53.00	05300	ANESTHESIOLOGY	161,917	10,260,193	0.015781	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	602,879	12,936,131	0.046604	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	475,809	8,957,522	0.053118	0	0	54.01
54.02	05402	ULTRASOUND	109,261	9,603,448	0.011377	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	369,972	38,732,107	0.009552	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	455,966	55,589,100	0.008202	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,426	1,346,951	0.004771	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	83,379	4,700,299	0.017739	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	279,177	20,790,772	0.013428	0	0	65.00
66.00	06600	PHYSICAL THERAPY	404,965	5,852,713	0.069193	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,807	3,738,596	0.012787	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	116,922	1,510,799	0.077391	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	163,159	12,672,001	0.012876	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,596	1,204,447	0.061934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,804	24,511,248	0.009539	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	213,409	3,791,866	0.056281	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	740,621	201,553,253	0.003675	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	24,817	22,939	1.081869	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	336,883	16,653,497	0.020229	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	79,800	1,818,237	0.043889	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	586,097	7,875,126	0.074424	0	0	76.04
76.05	03951	MRI	277,227	9,988,077	0.027756	0	0	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	29,917	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	177,242	2,317,610	0.076476	0	0	76.08
76.09	03954	RENAL DIALYSIS	329,697	3,149,364	0.104687	0	0	76.09
76.10	03955	INFUSION	147,702	14,513,241	0.010177	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	150	1,136	0.132042	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	7,767	715,717	0.010852	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	850,986	69,463,369	0.012251	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,727,573	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	9,458,254	584,771,525		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
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	112,096	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,360	54.01
54.02	05402 ULTRASOUND	0	0	0	0	1,180	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	0	2,360	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	209,677	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	40,912	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	0	5,114	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	113,294	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	720,273	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	36,531	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	1,243,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,559,289	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	1,136,694	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	7,807,236	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,270,974	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,260,193	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,096	112,096	12,936,131	0.008665	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,360	2,360	8,957,522	0.000263	54.01
54.02	05402	ULTRASOUND	0	1,180	1,180	9,603,448	0.000123	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,360	2,360	38,732,107	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	209,677	209,677	55,589,100	0.003772	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	40,912	40,912	1,346,951	0.030374	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,114	5,114	4,700,299	0.001088	63.01
65.00	06500	RESPIRATORY THERAPY	0	113,294	113,294	20,790,772	0.005449	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,852,713	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,738,596	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,510,799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,672,001	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,204,447	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,511,248	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,791,866	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	720,273	720,273	201,553,253	0.003574	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	22,939	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,653,497	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	1,818,237	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	7,875,126	0.000000	76.04
76.05	03951	MRI	0	0	0	9,988,077	0.000000	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,317,610	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	3,149,364	0.000000	76.09
76.10	03955	INFUSION	0	0	0	14,513,241	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	1,136	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	715,717	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	36,531	36,531	69,463,369	0.000526	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,727,573	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,243,797	1,243,797	584,771,525		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 10:09 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.008665	0	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000263	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000123	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000061	0	0	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.003772	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.030374	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.001088	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.005449	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003574	0	0	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10	03955 INFUSION	0.000000	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000526	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2018 10:09 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,237	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,237	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)		18,908	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)		8,530	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)		36,560,441	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)		36,560,441	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)		36,560,441	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)		1,448.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,357,240	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)		12,357,240	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,513,569	3,529	1,845.73	1,461	2,696,612	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	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,205,240	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,259,092	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)					1,893,996	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,794,887	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,688,883	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,570,209	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)					6,329	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,448.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,168,696	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 10:09 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	4,718,243	36,560,441	0.129053	9,168,696	1,183,248	90.00
91.00	Nursing School cost	0	36,560,441	0.000000	9,168,696	0	91.00
92.00	Allied health cost	0	36,560,441	0.000000	9,168,696	0	92.00
93.00	All other Medical Education	0	36,560,441	0.000000	9,168,696	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,456	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,456	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)		9,456	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)		899	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)		6,096,296	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)		6,096,296	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)		6,096,296	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)		644.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		579,585	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)		579,585	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 15-S004		Date/Time Prepared: 5/31/2018 10:09 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					177,183		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					756,768		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)					7,534		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,300		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					17,834		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					738,934		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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 10:09 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	79,285	6,096,296	0.013005	0	0	90.00
91.00	Nursing School cost	0	6,096,296	0.000000	0	0	91.00
92.00	Allied health cost	0	6,096,296	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,096,296	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 10:09 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,456	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,456	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)		9,456	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,942	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)		319	15.00
16.00	Nursery days (title V or XIX only)		122	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)		6,096,296	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)		6,096,296	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)		6,096,296	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)		644.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,541,407	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)		2,541,407	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 15-S004				Date/Time Prepared: 5/31/2018 10:09 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,541,407	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						2,541,407	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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 10:09 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	6,096,296	0.000000	0	0	90.00
91.00	Nursing School cost	0	6,096,296	0.000000	0	0	91.00
92.00	Allied health cost	0	6,096,296	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,096,296	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,810,708	30.00
31.00	03100	INTENSIVE CARE UNIT		4,018,701	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249665	4,033,772	50.00
50.01	05001	OPEN HEART SURGERY	0.291581	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.461388	1,051,399	50.02
51.00	05100	RECOVERY ROOM	0.184378	532,204	51.00
53.00	05300	ANESTHESIOLOGY	0.361952	1,333,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265261	2,069,883	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.212701	1,168,249	54.01
54.02	05402	ULTRASOUND	0.093298	1,443,371	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.040392	4,843,398	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132228	11,960,251	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.406266	618,588	63.00
63.01	06301	NUCLEAR MEDICINE	0.180300	511,391	63.01
65.00	06500	RESPIRATORY THERAPY	0.151451	7,670,222	65.00
66.00	06600	PHYSICAL THERAPY	0.682000	886,754	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252595	708,330	67.00
68.00	06800	SPEECH PATHOLOGY	0.556880	303,004	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067001	2,751,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297288	10,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388	4,157,241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.474181	1,835,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442	19,243,061	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDI CS	6.128994	1,342	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.121265	2,802,379	76.02
76.03	03957	CARDIAC REHABILITATION	0.464486	200,852	76.03
76.04	03190	RADIATION ONCOLOGY	0.290375	105,191	76.04
76.05	03951	MRI	0.088178	1,492,596	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.403088	26,853	76.08
76.09	03954	RENAL DIALYSIS	0.596513	1,139,438	76.09
76.10	03955	INFUSION	0.326478	0	76.10
76.11	03956	CARE TRANSITION CENTER	7.710387	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.775081	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.290161	3,452,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.942547	1,161,780	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		77,515,388	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)		77,515,388	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 10:09 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,173,882		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.249665	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.291581	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.461388	0	0	50.02
51.00	05100 RECOVERY ROOM	0.184378	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.361952	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.265261	6,459	1,713	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.212701	0	0	54.01
54.02	05402 ULTRASOUND	0.093298	2,752	257	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.040392	42,565	1,719	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.132228	253,852	33,566	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.406266	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.180300	12,716	2,293	63.01
65.00	06500 RESPIRATORY THERAPY	0.151451	17,853	2,704	65.00
66.00	06600 PHYSICAL THERAPY	0.682000	3,173	2,164	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.252595	1,158	293	67.00
68.00	06800 SPEECH PATHOLOGY	0.556880	294	164	68.00
69.00	06900 ELECTROCARDIOLOGY	0.067001	58,507	3,920	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.297288	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388	31,632	6,560	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.474181	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198442	317,061	62,918	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	6.128994	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.121265	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.464486	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.290375	0	0	76.04
76.05	03951 MRI	0.088178	3,942	348	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	0.403088	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.596513	0	0	76.09
76.10	03955 INFUSION	0.326478	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	7.710387	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.775081	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.290161	169,480	49,176	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.942547	9,960	9,388	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		931,404	177,183	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)		931,404		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 5/31/2018 10:09 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		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249617	2,072,178	517,251 50.00
50.01	05001	OPEN HEART SURGERY	0.274903	247,425	68,018 50.01
50.02	05002	OUTPATIENT SURGERY	0.461388	368,967	170,237 50.02
51.00	05100	RECOVERY ROOM	0.184378	307,756	56,743 51.00
53.00	05300	ANESTHESIOLOGY	0.361952	730,565	264,429 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265261	743,046	197,101 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.212701	882,160	187,636 54.01
54.02	05402	ULTRASOUND	0.093298	587,711	54,832 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.040392	2,474,195	99,938 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.132049	6,063,306	800,653 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.406266	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	0.180300	240,156	43,300 63.01
65.00	06500	RESPIRATORY THERAPY	0.151451	4,757,287	720,496 65.00
66.00	06600	PHYSICAL THERAPY	0.682000	388,198	264,751 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.252595	292,570	73,902 67.00
68.00	06800	SPEECH PATHOLOGY	0.556880	149,963	83,511 68.00
69.00	06900	ELECTROCARDIOLOGY	0.067001	1,111,555	74,475 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297288	8,871	2,637 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.207388	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.474181	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442	9,951,794	1,974,854 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	6.128994	0	0 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.120854	1,588,320	191,955 76.02
76.03	03957	CARDIAC REHABILITATION	0.464486	78,953	36,673 76.03
76.04	03190	RADIATION ONCOLOGY	0.290375	43,948	12,761 76.04
76.05	03951	MRI	0.088178	989,604	87,261 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0 76.07
76.08	03953	WOUND CARE	0.402791	1,196	482 76.08
76.09	03954	RENAL DIALYSIS	0.596513	0	0 76.09
76.10	03955	INFUSION	0.326413	1,042	340 76.10
76.11	03956	CARE TRANSITION CENTER	7.710387	0	0 76.11
76.12	03958	ANTICOAGULATION CLINIC	0.775081	0	0 76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.290013	2,899,429	840,872 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.942547	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,980,195	6,825,108 200.00
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)		36,980,195	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 10:09 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)		13,802,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,207,066	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,079,946	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		5,661,326	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		173.66	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)		6.11	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)		1.72	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.41	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.50	11.00
12.00	Current year allowable FTE (see instructions)		6.89	12.00
13.00	Total allowable FTE count for the prior year.		5.62	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.		5.09	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.87	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		5.87	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.033802	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031300	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.031300	21.00
22.00	IME payment adjustment (see instructions)		305,365	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		95,993	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)		0.02	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)		305,365	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		95,993	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.49	31.00
32.00	Sum of lines 30 and 31		32.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.28	33.00
34.00	Disproportionate share adjustment (see instructions)		732,977	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 10:09 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)	0.000254549	0.000194967	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,521,561	1,319,280	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,138,044	332,531	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,470,575		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)	21,598,107		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)		21,694,100	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,723,524	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).		118,157	52.00
53.00	Nursing and Allied Health Managed Care payment		144,137	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		195,561	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,876,515	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,876,515	61.00
62.00	Deductibles billed to program beneficiaries		1,610,364	62.00
63.00	Coinurance billed to program beneficiaries		112,189	63.00
64.00	Allowable bad debts (see instructions)		861,889	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		560,228	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		479,967	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,714,190	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)		-50,656	70.93
70.94	HRR adjustment amount (see instructions)		-220,751	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 10:09 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)		54,433	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,388,350	71.00
71.01	Sequestration adjustment (see instructions)		447,767	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		21,510,105	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)		430,478	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		704,096	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: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 10:09 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	13,802,178	0	13,802,178		13,802,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,207,066	0		4,207,066	4,207,066	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	1,079,946	0	808,522	271,423	1,079,945	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	5,661,326	0	4,449,668	1,211,658	5,661,326	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.031300	0.031300	0.031300	0.031300		5.00
6.00	IME payment adjustment (see instructions)	22.00	305,365	0	234,030	71,335	305,365	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	95,993	0	95,993	0	95,993	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	305,365	0	234,030	71,335	305,365	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	95,993	0	95,993	0	95,993	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1628	0.1628	0.1628	0.1628		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	732,977	0	561,749	171,228	732,977	11.00
11.01	Uncompensated care payments	36.00	1,470,575	0	1,138,044	332,531	1,470,575	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	21,598,107	0	16,544,524	5,053,583	21,598,107	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	21,694,100	0	16,640,517	5,053,583	21,694,100	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,723,524	0	1,299,262	424,262	1,723,524	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	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: 15-0004

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 10:09 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	17,940,815	5,477,845	23,418,660	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	1,462,339	0	1,117,336	345,003	1,462,339	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	121,385	0	75,109	46,276	121,385	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	0.0269	0.0269	0.0269	0.0269		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,337	0	30,056	9,281	39,337	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0687	0.0687	0.0687	0.0687		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	100,463	0	76,761	23,702	100,463	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,723,524	0	1,299,262	424,262	1,723,524	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: 15-0004		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2018 10:09 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 s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,802,178	13,802,178		13,802,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,207,066		4,207,066	4,207,066	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,079,946	808,523	271,423	1,079,946	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	5,661,326	4,449,668	1,211,658	5,661,326	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.031300	0.031300	0.031300		5.00
6.00	IME payment adjustment (see instructions)	22.00	305,365	234,030	71,335	305,365	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	95,993	75,448	20,545	95,993	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	305,365	234,030	71,335	305,365	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	95,993	75,448	20,545	95,993	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1628	0.1628	0.1628		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	732,977	561,749	171,228	732,977	11.00
11.01	Uncompensated care payments	36.00	1,470,575	1,138,044	332,531	1,470,575	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	21,598,107	16,544,524	5,053,583	21,598,107	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	21,694,100	16,619,972	5,074,128	21,694,100	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,723,524	1,299,262	424,262	1,723,524	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	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			17,920,270	5,498,390	23,418,660	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2018 10:09 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	1,462,339	1,117,336	345,003	1,462,339	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	121,385	75,109	46,276	121,385	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	0.0269	0.0269	0.0269		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,337	30,056	9,281	39,337	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0687	0.0687	0.0687		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	100,463	76,761	23,702	100,463	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,723,524	1,299,262	424,262	1,723,524	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	-50,656	-50,656	0	-50,656	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	-220,751	-165,638	-55,113	-220,751	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	54,433	54,433	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			21,034 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			26,334,179 2.00
3.00	OPPS payments			25,164,489 3.00
4.00	Outlier payment (see instructions)			131,012 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			280,583 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			21,034 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			105,917 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)			105,917 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)			105,917 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			84,883 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)			21,034 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)			25,576,084 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)			4,748,877 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)			20,848,241 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			92,640 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)			20,940,881 30.00
31.00	Primary payer payments			12,369 31.00
32.00	Subtotal (line 30 minus line 31)			20,928,512 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)			872,409 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			567,066 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			395,723 36.00
37.00	Subtotal (see instructions)			21,495,578 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-127 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)			21,495,705 40.00
40.01	Sequestration adjustment (see instructions)			429,914 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			21,064,418 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1,373 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,672	2.00
3.00	OPPS payments		137	3.00
4.00	Outlier payment (see instructions)		0	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		5	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		142	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)		27	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)		115	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		115	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		115	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)		468	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468	36.00
37.00	Subtotal (see instructions)		419	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		419	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		107	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		304	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: 15-0004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 10:09 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		21,510,105		21,064,418	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,510,105		21,064,418	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		430,478		1,373	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,940,583		21,065,791	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: 15-0004
Component CCN: 15-S004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 10:09 am
PPS

Title XVIII

Subprovider -
IPF

		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		618,597		107	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		618,597		107	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		30,099		304	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		648,696		411	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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/31/2018 10:09 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: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Subprovider - IPF	PPS

				1.00
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PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		792,145	1.00
2.00	Net IPF PPS Outlier Payments		4,542	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		25.906849	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		796,687	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		796,687	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		796,687	18.00
19.00	Deductibles		153,944	19.00
20.00	Subtotal (line 18 minus line 19)		642,743	20.00
21.00	Coinsurance		11,515	21.00
22.00	Subtotal (line 20 minus line 21)		631,228	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		43,626	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		28,357	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,044	25.00
26.00	Subtotal (sum of lines 22 and 24)		659,585	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		2,350	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		661,935	31.00
31.01	Sequestration adjustment (see instructions)		13,239	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		618,597	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		30,099	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		4,542	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: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 10:09 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		36,980,195	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		36,980,195	0	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)		36,980,195	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		36,980,195	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		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: 15-0004 Component CCN: 15-S004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 10:09 am	
		Title XIX	Subprovider - IPF	PPS	
			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		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		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	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)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		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	0	24.00
25.00	Capital exception payments (see instructions)		0	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	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	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	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 10:09 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.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.41	6.00
7.00	Enter the lesser of line 5 or line 6			4.36	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.	0.00	4.31	4.31	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.	0.00	4.26	4.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.38		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	0.00	6.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	5.54		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	5.09		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.76		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	0.00	5.76		17.00
18.00	Per resident amount	87,826.47	83,163.92		18.00
19.00	Approved amount for resident costs	0	479,024	479,024	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)			0.05	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)			479,024	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,890	3,861		26.00
27.00	Total Inpatient Days (see instructions)	32,281	32,281		27.00
28.00	Ratio of inpatient days to total inpatient days	0.337350	0.119606		28.00
29.00	Program direct GME amount	161,599	57,294		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,096		30.00
31.00	Net Program direct GME amount			210,797	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 10:09 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)		34,015,860	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		34,015,860	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,682,229	42.00
43.00	Primary payer payments (see instructions)		12,369	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,669,860	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,685,720	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.560525	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.439475	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		210,797	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		118,157	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		92,640	50.00

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

Provider CCN: 15-0004

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

Worksheet G

Date/Time Prepared:
5/31/2018 10:09 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	-185,300,525	0	0	0	1.00
2.00	Temporary investments	11,239,191	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	122,628,359	0	0	0	4.00
5.00	Other receivable	7,962,520	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,428,234	0	0	0	6.00
7.00	Inventory	3,564,348	0	0	0	7.00
8.00	Prepaid expenses	1,489,719	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)	-47,844,622	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,655,975	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,581,772	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	147,396	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	160,872,834	0	0	0	23.00
24.00	Accumulated depreciation	-163,167,710	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)	51,637,887	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	116,300	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	2,027,815	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,144,115	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,937,380	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,623,820	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,506,212	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	2,214,652	0	0	0	43.00
44.00	Other current liabilities	-247,610,616	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-228,265,932	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	-54,438,868	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-54,438,868	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-282,704,800	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	288,642,180				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	288,642,180	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,937,380	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:
5/31/2018 10:09 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		220,695,080		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,963,906			2.00
3.00	Total (sum of line 1 and line 2)		222,658,986		0	3.00
4.00	EQUITY TRANSFERS	65,827,308		0		4.00
5.00	CONTRIBUTIONS TO PPE	155,907		0		5.00
6.00	ROUNDING	6		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)		65,983,221		0	10.00
11.00	Subtotal (line 3 plus line 10)		288,642,207		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)		288,642,207		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	EQUITY TRANSFERS		0			4.00
5.00	CONTRIBUTIONS TO PPE		0			5.00
6.00	ROUNDING		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: 15-0004

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2018 10:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	45,836,661		45,836,661	1.00
2.00	SUBPROVIDER - IPF	37,669,209		37,669,209	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	83,505,870		83,505,870	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,924,927		9,924,927	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	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,924,927		9,924,927	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,430,797		93,430,797	17.00
18.00	Ancillary services	149,349,031	332,836,346	482,185,377	18.00
19.00	Outpatient services	13,974,274	56,634,130	70,608,404	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		12,636,455	12,636,455	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIM COST CENTERS	0	1,295,839	1,295,839	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	256,754,102	403,402,770	660,156,872	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		186,400,930		29.00
30.00	BAD DEBTS	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)		186,400,930		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:
5/31/2018 10:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	660,156,872	1.00
2.00	Less contractual allowances and discounts on patients' accounts	476,273,235	2.00
3.00	Net patient revenues (line 1 minus line 2)	183,883,637	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	186,400,930	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,517,293	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	275,331	6.00
7.00	Income from investments	181,552	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	646,086	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	899,667	13.00
14.00	Revenue from meals sold to employees and guests	685,137	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	14,258	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	76,448	20.00
21.00	Rental of vending machines	18,068	21.00
22.00	Rental of hospital space	1,704,421	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - MISC. REVENUE	53,518	24.00
25.00	Total other income (sum of lines 6-24)	4,554,486	25.00
26.00	Total (line 5 plus line 25)	2,037,193	26.00
27.00	NON OPER REV/EXPENSE	73,287	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	73,287	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,963,906	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

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

Worksheet H

HHA CCN: 15-7145

Date/Time Prepared: 5/31/2018 10:09 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,408,790	0	11,784	744,607	233,358	2,398,539
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,543,829	0	104,869	508	5,165	1,654,371
7.00	Physical Therapy	464,082	0	46,200	119,993	1,680	631,955
8.00	Occupational Therapy	0	0	0	15,326	0	15,326
9.00	Speech Pathology	4,550	0	0	2,871	0	7,421
10.00	Medical Social Services	2,029	0	104	0	0	2,133
11.00	Home Health Aide	187,959	0	11,366	0	95	199,420
12.00	Supplies (see instructions)	0	0	0	0	40,927	40,927
13.00	Drugs	0	0	0	0	12,397	12,397
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Tel emedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,611,239	0	174,323	883,305	293,622	4,962,489
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-174,552	2,223,987	0	2,223,987		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,654,371	0	1,654,371		6.00
7.00	Physical Therapy	0	631,955	0	631,955		7.00
8.00	Occupational Therapy	0	15,326	0	15,326		8.00
9.00	Speech Pathology	0	7,421	0	7,421		9.00
10.00	Medical Social Services	0	2,133	0	2,133		10.00
11.00	Home Health Aide	0	199,420	0	199,420		11.00
12.00	Supplies (see instructions)	0	40,927	0	40,927		12.00
13.00	Drugs	0	12,397	0	12,397		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-174,552	4,787,937	0	4,787,937		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
 5/31/2018 10:09 am S:\Groups\Finance\EXCEL\NIR REIMBURSEMENT\Cost Reports - NIR\04 Hammond Cost Reports\FY17\As Filed\150004.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet H-1 Part I Date/Time Prepared: 5/31/2018 10:09 am
		HHA CCN: 15-7145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,223,987	0	0	0	2,223,987	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,654,371	0	0	0	1,654,371	6.00
7.00	Physical Therapy	631,955	0	0	0	631,955	7.00
8.00	Occupational Therapy	15,326	0	0	0	15,326	8.00
9.00	Speech Pathology	7,421	0	0	0	7,421	9.00
10.00	Medical Social Services	2,133	0	0	0	2,133	10.00
11.00	Home Health Aide	199,420	0	0	0	199,420	11.00
12.00	Supplies (see instructions)	40,927	0	0	0	40,927	12.00
13.00	Drugs	12,397	0	0	0	12,397	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,787,937	0	0	0	4,787,937	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,223,987					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,435,013	3,089,384				6.00
7.00	Physical Therapy	548,162	1,180,117				7.00
8.00	Occupational Therapy	13,294	28,620				8.00
9.00	Speech Pathology	6,437	13,858				9.00
10.00	Medical Social Services	1,850	3,983				10.00
11.00	Home Health Aide	172,978	372,398				11.00
12.00	Supplies (see instructions)	35,500	76,427				12.00
13.00	Drugs	10,753	23,150				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,787,937				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0004

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 15-7145

To 12/31/2017

Part II
Date/Time Prepared:
5/31/2018 10:09 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,223,987	2,563,950
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,654,371	6.00
7.00	Physical Therapy	0	0	0	0	631,955	7.00
8.00	Occupational Therapy	0	0	0	0	15,326	8.00
9.00	Speech Pathology	0	0	0	0	7,421	9.00
10.00	Medical Social Services	0	0	0	0	2,133	10.00
11.00	Home Health Aide	0	0	0	0	199,420	11.00
12.00	Supplies (see instructions)	0	0	0	0	40,927	12.00
13.00	Drugs	0	0	0	0	12,397	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,223,987	2,563,950
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	2,223,987	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.867407

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

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

Worksheet H-2 Part I

HHA CCN: 15-7145

Date/Time Prepared: 5/31/2018 10:09 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	240,647	8,574	1,294,478	1,543,699	261,811	1.00
2.00 Skilled Nursing Care	3,089,384	0	0	0	3,089,384	523,959	2.00
3.00 Physical Therapy	1,180,117	0	0	0	1,180,117	200,148	3.00
4.00 Occupational Therapy	28,620	0	0	0	28,620	4,854	4.00
5.00 Speech Pathology	13,858	0	0	0	13,858	2,350	5.00
6.00 Medical Social Services	3,983	0	0	0	3,983	676	6.00
7.00 Home Health Aide	372,398	0	0	0	372,398	63,159	7.00
8.00 Supplies (see instructions)	76,427	0	0	0	76,427	12,962	8.00
9.00 Drugs	23,150	0	0	0	23,150	3,926	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	4,787,937	240,647	8,574	1,294,478	6,331,636	1,073,845	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	158,517	168,474	0	89,019	0	64,079	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	158,517	168,474	0	89,019	0	64,079	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part I Date/Time Prepared: 5/31/2018 10:09 am
		HHA CCN: 15-7145	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
	13.00	14.00	15.00	16.00	17.00	22.00	
1.00 Administrative and General	488,234	207	3,019	50,982	1,265	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	488,234	207	3,019	50,982	1,265	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - RESPIRATORY	PARAMED PRGM-PHARMACY	PARAMED PRGM-EMT	
	23.00	23.01	23.02	23.03	23.04	23.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7145

To 12/31/2017

Part I
Date/Time Prepared:
5/31/2018 10:09 am

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	2,829,306	0	2,829,306				1.00
2.00 Skilled Nursing Care	3,613,343	0	3,613,343	1,825,589	5,438,932		2.00
3.00 Physical Therapy	1,380,265	0	1,380,265	697,360	2,077,625		3.00
4.00 Occupational Therapy	33,474	0	33,474	16,912	50,386		4.00
5.00 Speech Pathology	16,208	0	16,208	8,189	24,397		5.00
6.00 Medical Social Services	4,659	0	4,659	2,354	7,013		6.00
7.00 Home Health Aide	435,557	0	435,557	220,059	655,616		7.00
8.00 Supplies (see instructions)	89,389	0	89,389	45,163	134,552		8.00
9.00 Drugs	27,076	0	27,076	13,680	40,756		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	8,429,277	0	8,429,277	2,829,306	8,429,277		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.505236			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/31/2018 10:09 am
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	11,759	8,400	3,611,239	0	1,543,699	11,759	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,089,384	0	2.00
3.00 Physical Therapy	0	0	0	0	1,180,117	0	3.00
4.00 Occupational Therapy	0	0	0	0	28,620	0	4.00
5.00 Speech Pathology	0	0	0	0	13,858	0	5.00
6.00 Medical Social Services	0	0	0	0	3,983	0	6.00
7.00 Home Health Aide	0	0	0	0	372,398	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	76,427	0	8.00
9.00 Drugs	0	0	0	0	23,150	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11,759	8,400	3,611,239		6,331,636	11,759	20.00
21.00 Total cost to be allocated	240,647	8,574	1,294,478		1,073,845	158,517	21.00
22.00 Unit cost multiplier	20.464920	1.020714	0.358458		0.169600	13.480483	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	11,759	0	11,759	0	96,045	34,064	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11,759	0	11,759	0	96,045	34,064	20.00
21.00 Total cost to be allocated	168,474	0	89,019	0	64,079	488,234	21.00
22.00 Unit cost multiplier	14.327239	0.000000	7.570287	0.000000	0.667177	14.332844	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/31/2018 10:09 am PPS
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00		22.00	23.00	
1.00 Administrative and General	997	12,397	12,529,432	12,529,432		0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0		0	0	2.00
3.00 Physical Therapy	0	0	0	0		0	0	3.00
4.00 Occupational Therapy	0	0	0	0		0	0	4.00
5.00 Speech Pathology	0	0	0	0		0	0	5.00
6.00 Medical Social Services	0	0	0	0		0	0	6.00
7.00 Home Health Aide	0	0	0	0		0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0		0	0	8.00
9.00 Drugs	0	0	0	0		0	0	9.00
10.00 DME	0	0	0	0		0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0		0	0	11.00
12.00 Respiratory Therapy	0	0	0	0		0	0	12.00
13.00 Private Duty Nursing	0	0	0	0		0	0	13.00
14.00 Clinic	0	0	0	0		0	0	14.00
15.00 Health Promotion Activities	0	0	0	0		0	0	15.00
16.00 Day Care Program	0	0	0	0		0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0		0	0	17.00
18.00 Homemaker Service	0	0	0	0		0	0	18.00
19.00 All Others (specify)	0	0	0	0		0	0	19.00
19.50 Telemedicine	0	0	0	0		0	0	19.50
20.00 Total (sum of lines 1-19)	997	12,397	12,529,432	12,529,432		0	0	20.00
21.00 Total cost to be allocated	207	3,019	50,982	1,265		0	0	21.00
22.00 Unit cost multiplier	0.207623	0.243527	0.004069	0.000101		0.000000	0.000000	22.00
Cost Center Description	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)			
	23.01	23.02	23.03	23.04	23.05			
1.00 Administrative and General	0	0	0	0	0			1.00
2.00 Skilled Nursing Care	0	0	0	0	0			2.00
3.00 Physical Therapy	0	0	0	0	0			3.00
4.00 Occupational Therapy	0	0	0	0	0			4.00
5.00 Speech Pathology	0	0	0	0	0			5.00
6.00 Medical Social Services	0	0	0	0	0			6.00
7.00 Home Health Aide	0	0	0	0	0			7.00
8.00 Supplies (see instructions)	0	0	0	0	0			8.00
9.00 Drugs	0	0	0	0	0			9.00
10.00 DME	0	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0	0			13.00
14.00 Clinic	0	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0	0			19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0			20.00
21.00 Total cost to be allocated	0	0	0	0	0			21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/31/2018 10:09 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	5,438,932		5,438,932	6,218	874.71		1.00
2.00	Physical Therapy	3.00	2,077,625	0	2,077,625	6,894	301.37		2.00
3.00	Occupational Therapy	4.00	50,386	0	50,386	636	79.22		3.00
4.00	Speech Pathology	5.00	24,397	0	24,397	231	105.61		4.00
5.00	Medical Social Services	6.00	7,013		7,013	17	412.53		5.00
6.00	Home Health Aide	7.00	655,616		655,616	1,973	332.29		6.00
7.00	Total (sum of lines 1-6)		8,253,969	0	8,253,969	15,969			7.00
Program Visits									
Part B									
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		16974	0	6				8.00
8.01	Skilled Nursing Care		23844	0	6,170				8.01
8.02	Skilled Nursing Care		33140	0	42				8.02
9.00	Physical Therapy		16974	0	21				9.00
9.01	Physical Therapy		23844	0	6,843				9.01
9.02	Physical Therapy		33140	0	30				9.02
10.00	Occupational Therapy		16974	0	3				10.00
10.01	Occupational Therapy		23844	0	631				10.01
10.02	Occupational Therapy		33140	0	2				10.02
11.00	Speech Pathology		16974	0	3				11.00
11.01	Speech Pathology		23844	0	222				11.01
11.02	Speech Pathology		33140	0	6				11.02
12.00	Medical Social Services		16974	0	0				12.00
12.01	Medical Social Services		23844	0	17				12.01
12.02	Medical Social Services		33140	0	0				12.02
13.00	Home Health Aide		16974	0	2				13.00
13.01	Home Health Aide		23844	0	1,951				13.01
13.02	Home Health Aide		33140	0	20				13.02
14.00	Total (sum of lines 8-13)			0	15,969				14.00
Cost Center Description									
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	134,552	0	134,552	40,934	3.287047		15.00
16.00	Cost of Drugs	9.00	40,756	0	40,756	1,264	32.243671		16.00
Program Visits									
Cost of Services									
Part B									
Cost Center Description		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	6,218		0	5,438,947			1.00
2.00	Physical Therapy	0	6,894		0	2,077,645			2.00
3.00	Occupational Therapy	0	636		0	50,384			3.00
4.00	Speech Pathology	0	231		0	24,396			4.00
5.00	Medical Social Services	0	17		0	7,013			5.00
6.00	Home Health Aide	0	1,973		0	655,608			6.00
7.00	Total (sum of lines 1-6)	0	15,969		0	8,253,993			7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/31/2018 10:09 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	40,934	0	0	134,552	0	15.00
16.00	Cost of Drugs		1,264	0		40,756	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	5,438,947						1.00
2.00	Physical Therapy	2,077,645						2.00
3.00	Occupational Therapy	50,384						3.00
4.00	Speech Pathology	24,396						4.00
5.00	Medical Social Services	7,013						5.00
6.00	Home Health Aide	655,608						6.00
7.00	Total (sum of lines 1-6)	8,253,993						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part II Date/Time Prepared: 5/31/2018 10:09 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.682000	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.252595	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.556880	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.207388	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.198442	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	40,756	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	40,756	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	40,756
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,463,480
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	239,717
13.00	Total PPS Reimbursement - LUPA Episodes		0	60,878
14.00	Total PPS Reimbursement - PEP Episodes		0	30,012
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	64,192
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,225
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,903,260
23.00	Excess reasonable cost (from line 8)		0	40,756
24.00	Subtotal (line 22 minus line 23)		0	2,862,504
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,862,504
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,862,504
30.00	OTHER ADJUSTMENTS		0	32
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,862,536
31.01	Sequestration adjustment (see instructions)		0	57,226
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	0
33.00	Tentative settlement (for contractor use only)		0	2,805,310
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0004

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

Worksheet H-5

HHA CCN: 15-7145

Date/Time Prepared: 5/31/2018 10:09 am PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,805,310	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,805,310	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,805,310	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0004	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/31/2018 10:09 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,462,339	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		121,385	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)		62.53	3.00
4.00	Number of interns & residents (see instructions)		5.87	4.00
5.00	Indirect medical education percentage (see instructions)		2.69	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)		39,337	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.49	8.00
9.00	Sum of lines 7 and 8		32.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.87	10.00
11.00	Disproportionate share adjustment (see instructions)		100,463	11.00
12.00	Total prospective capital payments (see instructions)		1,723,524	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