

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: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 3:55 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: 3:55 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 LAFAYETTE ( 15-0109 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-377,823	-58,581	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-16,968	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	1,145	0	0	9.00
200.00 Total	0	-394,791	-57,436	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:53 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1701 SOUTH CREASY LANE		PO Box:									
2.00 City: LAFAYETTE		State: IN		Zip Code: 47905-		County: TIPPECANOE					
		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
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		FRANCIS SCAN HEALTH LAFAYETTE		150109	29200	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		FRANCIS SCAN HEALTH LAFAYETTE REHAB		15T109	29200	5	01/01/1995	N	P	O	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA		FRANCIS SCAN HOME CARE		157124	29200		07/06/1966	N	P	N	12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice		FRANCIS SCAN HEALTH LAFAYETTE HOSPICE		151563	29200		01/01/1984				14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2017	12/31/2017		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.				1,333	409	84	32	9,016	249	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.				50	59	0	0	142		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:53 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.03
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						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		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	

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

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		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		
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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
						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: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:53 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	979,145	224,501		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.	Y		5.06	122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		158014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 3:53 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290				142.00		
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
155.00	Hospital	N	N	N	N			
156.00	Subprovider - IPF	N	N	N	N			
157.00	Subprovider - IRF	N	N	N	N			
158.00	SUBPROVIDER							
159.00	SNF	N	N	N	N			
160.00	HOME HEALTH AGENCY	N	N	N	N			
160.01		N	N	N	N			
160.02		N	N	N	N			
161.00	CMHC		N	N	N			
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
						1.00	165.00	
						N		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
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	169.00
						1.00		
						2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						08/05/2017	11/03/2017
						1.00	170.00	
						2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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
						1.00	171.00	



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 3:53 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/01/2001			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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)	Y	04/26/2018	Y	04/26/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 3:53 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STEVE		HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCIS CAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5927		STEVEN.HOWELL@FRANCIS CANALLIANCE.ORG	43.00

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,370	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)		138	50,370	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		168	61,320	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		186				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: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,565	1,053	33,866			1.00
2.00 HMO and other (see instructions)	0	9,016				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,565	1,053	33,866			7.00
8.00 INTENSIVE CARE UNIT	1,734	142	4,461			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 NEONATAL INTENSIVE CARE UNIT	0	187	2,851			12.00
13.00 NURSERY		476	3,530			13.00
14.00 Total (see instructions)	18,299	1,858	44,708	0.00	1,344.10	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,607	251	2,887	0.00	15.82	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	7,372	141	11,549	0.00	35.51	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	20.64	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,416.07	27.00
28.00 Observation Bed Days		0	0			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	249	494			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: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,218	356	11,435	1.00
2.00 HMO and other (see instructions)			0	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,218	356	11,435	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	140	0	245	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	94,501,844	-1,337,828	93,164,016	2,945,408.00	31.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		15,986,032	334,463	16,320,495	342,654.86	47.63
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		2,124,012	0	2,124,012	29,011.69	73.21
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		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		24,617,233	0	24,617,233		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,257,889	0	5,257,889		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,458,776	-145,371	1,313,405	38,629.00	34.00
27.00	Administrative & General	5.00	7,281,356	-841,133	6,440,223	236,002.00	27.29

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,169,054	0	3,169,054	120,334.00	26.34	30.00
31.00	Laundry & Linen Service	8.00	109,139	0	109,139	7,243.00	15.07	31.00
32.00	Housekeeping	9.00	2,077,119	0	2,077,119	140,490.00	14.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,242,705	-1,422,631	820,074	50,034.00	16.39	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,422,631	1,422,631	86,796.00	16.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,839,682	-332,409	2,507,273	70,461.00	35.58	38.00
39.00	Central Services and Supply	14.00	435,882	0	435,882	22,437.00	19.43	39.00
40.00	Pharmacy	15.00	2,990,474	-130,555	2,859,919	76,244.00	37.51	40.00
41.00	Medical Records & Medical Records Library	16.00	58,812	-41,168	17,644	2,308.00	7.64	41.00
42.00	Social Service	17.00	619,866	0	619,866	22,276.00	27.83	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2018 3:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	94,501,844	-1,337,828	93,164,016	2,945,408.00	31.63	1.00
2.00	Excluded area salaries (see instructions)	15,986,032	334,463	16,320,495	342,654.86	47.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,515,812	-1,672,291	76,843,521	2,602,753.14	29.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,124,012	0	2,124,012	29,011.69	73.21	4.00
5.00	Subtotal wage-related costs (see inst.)	24,617,233	0	24,617,233	0.00	32.04	5.00
6.00	Total (sum of lines 3 thru 5)	105,257,057	-1,672,291	103,584,766	2,631,764.83	39.36	6.00
7.00	Total overhead cost (see instructions)	23,282,865	-1,490,636	21,792,229	873,254.00	24.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2018 3:53 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		7,364,653	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		456,711	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		12,812,933	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,025,648	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		58,784	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)		528,024	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		947,571	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,131,831	17.00
18.00	Medicare Taxes - Employers Portion Only		2,522,591	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		26,376	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,875,122	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0109

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	2,124,012	24,617,233	1.00
2.00	Hospital	2,124,012	24,617,233	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/31/2018 3:53 pm
			Home Health Agency I	PPS

					1.00	
					TIPPECANOE	0.00

	Title V	Title XVIII	Title XIX	Other	Total	
0.00	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	194	0	57	251	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	390.00	0.00	0.00	0.00	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					3.00
4.00	Director(s) and Assistant Director(s)	0.00					4.00
5.00	Other Administrative Personnel	12.36					5.00
6.00	Direct Nursing Service	8.06					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	3.85					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	0.73					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.06					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.01					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	1.59					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	INFUSION	6.30					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.	4					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
20.01		26900					20.01
20.02		29200					20.02
20.03		99915					20.03

Full Episodes						
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,007	331	104	68	3,510	21.00
22.00	Skilled Nursing Visit Charges	1,088,238	119,702	38,420	24,760	1,271,120	22.00
23.00	Physical Therapy Visits	2,086	115	35	42	2,278	23.00
24.00	Physical Therapy Visit Charges	779,426	42,849	13,008	15,766	851,049	24.00
25.00	Occupational Therapy Visits	568	51	9	13	641	25.00
26.00	Occupational Therapy Visit Charges	211,947	18,967	3,362	4,823	239,099	26.00
27.00	Speech Pathology Visits	91	13	0	4	108	27.00
28.00	Speech Pathology Visit Charges	34,359	4,823	0	1,484	40,666	28.00
29.00	Medical Social Service Visits	50	8	1	1	60	29.00
30.00	Medical Social Service Visit Charges	21,552	3,440	430	430	25,852	30.00
31.00	Home Health Aide Visits	649	111	7	8	775	31.00
32.00	Home Health Aide Visit Charges	113,553	19,346	1,211	1,384	135,494	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,451	629	156	136	7,372	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)	2,249,075	209,127	56,431	48,647	2,563,280	35.00
36.00	Total Number of Episodes (standard/non outlier)	433		58	12	503	36.00
37.00	Total Number of Outlier Episodes		21		1	22	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/31/2018 3:53 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	2	2	10.00
11.00	Hospice Routine Home Care	18,787	0	837	19,624	11.00
12.00	Hospice Inpatient Respite Care	39	0	16	55	12.00
13.00	Hospice General Inpatient Care	19	0	6	25	13.00
14.00	Total Hospice Days	18,845	0	861	19,706	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/31/2018 3:53 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.216815	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		44,133,573		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		193,650,028		6.00	
7.00	Medicaid cost (line 1 times line 6)		41,986,231		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)		0		8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone CHIP		0		9.00	
10.00	Stand-alone CHIP charges		0		10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	30,815,670	4,133,279	34,948,949	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,681,299	4,133,279	10,814,578	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)	6,681,299	4,133,279	10,814,578	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			24,071,139	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			720,106	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,107,854	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			22,963,285	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,366,533	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			16,181,111	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,181,111	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		16,352,525	16,352,525	5,832,404	22,184,929	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,775,908	3,775,908	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,458,776	31,115,366	32,574,142	0	32,574,142	4.00
5.01	01160	COMMUNICATIONS	505,811	838,120	1,343,931	0	1,343,931	5.01
5.02	01140	MGMT INFO SYSTEMS	89,358	16,360,648	16,450,006	0	16,450,006	5.02
5.03	00550	PURCHASING	0	1,595,069	1,595,069	0	1,595,069	5.03
5.04	00570	ADMINING	0	4,460	4,460	0	4,460	5.04
5.05	00580	PATIENT ACCOUNTING	0	5,771,125	5,771,125	0	5,771,125	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,686,187	29,734,405	36,420,592	-40,510	36,380,082	5.06
7.00	00700	OPERATION OF PLANT	3,169,054	7,251,782	10,420,836	-10,466	10,410,370	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	109,139	869,148	978,287	0	978,287	8.00
9.00	00900	HOUSEKEEPING	2,077,119	1,000,457	3,077,576	-1,969	3,075,607	9.00
10.00	01000	DIETARY	2,242,705	1,381,743	3,624,448	-2,318,644	1,305,804	10.00
11.00	01100	CAFETERIA	0	0	0	2,265,255	2,265,255	11.00
13.00	01300	NURSING ADMINISTRATION	2,839,682	73,239	2,912,921	-160	2,912,761	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	435,882	1,017,860	1,453,742	-900,710	553,032	14.00
15.00	01500	PHARMACY	2,990,474	11,183,741	14,174,215	-10,520,161	3,654,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	58,812	2,198,163	2,256,975	-159,491	2,097,484	16.00
17.00	01700	SOCIAL SERVICE	619,866	2,406	622,272	0	622,272	17.00
20.00	02000	NURSING SCHOOL	2,050,883	267,951	2,318,834	296,957	2,615,791	20.00
23.00	02301	PHARMACY RESIDENCY	167,386	15,288	182,674	172,067	354,741	23.00
23.01	02300	EMS EDUCATION	128,505	28,486	156,991	153,700	310,691	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,285,803	2,609,688	20,895,491	-5,646,659	15,248,832	30.00
31.00	03100	INTENSIVE CARE UNIT	3,520,941	279,391	3,800,332	-252,764	3,547,568	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,717,515	827,683	2,545,198	-61,323	2,483,875	35.00
41.00	04100	SUBPROVIDER - IRF	1,143,890	211,165	1,355,055	-28,738	1,326,317	41.00
43.00	04300	NURSERY	0	0	0	551,842	551,842	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,024,082	26,374,077	30,398,159	-20,477,977	9,920,182	50.00
51.00	05100	RECOVERY ROOM	678,479	42,216	720,695	-37,322	683,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,597,148	3,597,148	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,419,790	7,134,239	10,554,029	-2,698,404	7,855,625	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	404,194	118,566	522,760	-12,088	510,672	55.00
56.00	05600	RADIOISOTOPE	227,290	52,615	279,905	-11,366	268,539	56.00
56.01	03950	CARDIAC CATH LAB	1,286,090	5,123,277	6,409,367	-4,683,646	1,725,721	56.01
57.00	05700	CT SCAN	672,277	412,630	1,084,907	-231,809	853,098	57.00
58.00	05800	MRI	238,057	123,719	361,776	-61,932	299,844	58.00
60.00	06000	LABORATORY	0	9,848,595	9,848,595	-129,399	9,719,196	60.00
65.00	06500	RESPIRATORY THERAPY	2,119,971	648,967	2,768,938	-406,880	2,362,058	65.00
66.00	06600	PHYSICAL THERAPY	3,513,127	482,510	3,995,637	-213,416	3,782,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,242,520	107,174	1,349,694	-28,693	1,321,001	67.00
68.00	06800	SPEECH PATHOLOGY	412,353	10,807	423,160	-2,833	420,327	68.00
69.00	06900	ELECTROCARDIOLOGY	1,545,263	1,214,611	2,759,874	-21,622	2,738,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	642,584	163,755	806,339	-46,646	759,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,860,729	14,860,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,212,835	17,212,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,312,748	10,312,748	73.00
73.01	07301	DIABETES CENTER	335,592	11,004	346,596	-2,099	344,497	73.01
74.00	07400	RENAL DIALYSIS	122,630	587,975	710,605	-14,860	695,745	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,703	145,815	147,518	-2,029	145,489	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	456,454	652,806	1,109,260	-297,287	811,973	90.00
91.00	09100	EMERGENCY	7,105,568	1,829,929	8,935,497	-1,182,124	7,753,373	91.00
91.01	04950	WOUND CARE	1,369,459	430,174	1,799,633	-387,078	1,412,555	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,891,205	680,088	2,571,293	-316,890	2,254,403	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,243,581	828,348	3,071,929	-258,246	2,813,683	95.00
101.00	10100	HOME HEALTH AGENCY	2,469,274	1,370,217	3,839,491	0	3,839,491	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		10,218,826	10,218,826	-7,565,352	2,653,474	113.00
116.00	11600	HOSPICE	1,463,104	1,426,072	2,889,176	0	2,889,176	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	88,182,435	201,028,921	289,211,356	0	289,211,356	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,752	34,375	81,127	0	81,127	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,272,054	7,532,395	13,804,449	0	13,804,449	192.00
194.00	07950	MOB	0	171	171	0	171	194.00
194.01	07951	LIFELINE	603	5,012	5,615	0	5,615	194.01
194.02	07952	PATIENT TRANSPORT	0	264,376	264,376	0	264,376	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/31/2018 3:53 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	94,501,844	208,865,250	303,367,094	0	303,367,094	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	880,151	23,065,080	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,586,552	5,362,460	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,680,593	35,254,735	4.00
5.01	01160	COMMUNICATIONS	0	1,343,931	5.01
5.02	01140	MGMT INFO SYSTEMS	-624,198	15,825,808	5.02
5.03	00550	PURCHASING	-92,369	1,502,700	5.03
5.04	00570	ADMINISTRATIVE	0	4,460	5.04
5.05	00580	PATIENT ACCOUNTING	-159,787	5,611,338	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-15,338,270	21,041,812	5.06
7.00	00700	OPERATION OF PLANT	-55,463	10,354,907	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	978,287	8.00
9.00	00900	HOUSEKEEPING	0	3,075,607	9.00
10.00	01000	DIETARY	-246,870	1,058,934	10.00
11.00	01100	CAFETERIA	-1,269,914	995,341	11.00
13.00	01300	NURSING ADMINISTRATION	-348,824	2,563,937	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	-139,331	413,701	14.00
15.00	01500	PHARMACY	-313,959	3,340,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-413,917	1,683,567	16.00
17.00	01700	SOCIAL SERVICE	0	622,272	17.00
20.00	02000	NURSING SCHOOL	-2,281,083	334,708	20.00
23.00	02301	PHARMACY RESIDENCY	-118,322	236,419	23.00
23.01	02300	EMS EDUCATION	0	310,691	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-70,200	15,178,632	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,547,568	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-617,000	1,866,875	35.00
41.00	04100	SUBPROVIDER - IRF	-116,847	1,209,470	41.00
43.00	04300	NURSERY	0	551,842	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-413,409	9,506,773	50.00
51.00	05100	RECOVERY ROOM	0	683,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,597,148	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-91,370	7,764,255	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	510,672	55.00
56.00	05600	RADIOISOTOPE	-4,875	263,664	56.00
56.01	03950	CARDIAC CATH LAB	-134,685	1,591,036	56.01
57.00	05700	CT SCAN	0	853,098	57.00
58.00	05800	MRI	0	299,844	58.00
60.00	06000	LABORATORY	-16,989	9,702,207	60.00
65.00	06500	RESPIRATORY THERAPY	-7,050	2,355,008	65.00
66.00	06600	PHYSICAL THERAPY	-174,804	3,607,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	-10,435	1,310,566	67.00
68.00	06800	SPEECH PATHOLOGY	0	420,327	68.00
69.00	06900	ELECTROCARDIOLOGY	-908,021	1,830,231	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	759,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,860,729	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,212,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,312,748	73.00
73.01	07301	DIABETES CENTER	-888	343,609	73.01
74.00	07400	RENAL DIALYSIS	0	695,745	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	145,489	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-192	811,781	90.00
91.00	09100	EMERGENCY	-349,239	7,404,134	91.00
91.01	04950	WOUND CARE	-1,769	1,410,786	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,254,403	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	2,813,683	95.00
101.00	10100	HOME HEALTH AGENCY	-1,040	3,838,451	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-2,653,474	0	113.00
116.00	11600	HOSPICE	-491	2,888,685	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-21,827,789	267,383,567	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	81,127	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,804,449	192.00
194.00	07950	MOB	0	171	194.00
194.01	07951	LIFELINE	0	5,615	194.01
194.02	07952	PATIENT TRANSPORT	0	264,376	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,827,789	281,539,305	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:  
5/31/2018 3:53 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - RENTALS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,593,314	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
	0		0	1,593,314	
<b>B - EQUIPMENT RENTAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	287,335	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
	0		0	287,335	
<b>C - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,860,729	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,212,835	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
	0		0	32,073,564	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,312,748	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

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
			0	10,312,748	
<b>E - LDRP</b>					
1.00	NURSERY	43.00	545,492	6,350	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,555,756	41,392	2.00
			4,101,248	47,742	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	1,422,631	842,624	1.00
			1,422,631	842,624	
<b>G - CAPITAL EXP (INT &amp; DEP)</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	162,311	1.00
			0	162,311	
<b>H - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,239,090	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,326,262	2.00
			0	7,565,352	
<b>I - NURSING SCHOOL</b>					
1.00	NURSING SCHOOL	20.00	96,956	0	1.00
2.00	NURSING SCHOOL	20.00	77,491	122,510	2.00
3.00		0.00	0	0	3.00
			174,447	122,510	
<b>J - PARAMED PROGRAM</b>					
1.00	PHARMACY RESIDENCY	23.00	75,317	96,750	1.00
2.00	EMS EDUCATION	23.01	153,700	0	2.00
3.00		0.00	0	0	3.00
			229,017	96,750	
<b>K - FSEH SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	145,371	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	804,810	2.00
3.00	NURSING ADMINISTRATION	13.00	0	332,409	3.00
4.00	PHARMACY	15.00	0	55,238	4.00
			0	1,337,828	
500.00	Grand Total: Increases		5,927,343	54,442,078	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - RENTALS</b>							
1.00	DIETARY	10.00	0	52,424	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	259,667	0		2.00
3.00	OPERATING ROOM	50.00	0	119,595	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	701,510	0		4.00
5.00	LABORATORY	60.00	0	8,267	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	68,066	0		6.00
7.00	EMERGENCY	91.00	0	135,019	0		7.00
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	224,657	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	24,109	0		9.00
	<b>O</b>		0	1,593,314			
<b>B - EQUIPMENT RENTAL</b>							
1.00	OPERATION OF PLANT	7.00	0	10,466	10		1.00
2.00	HOUSEKEEPING	9.00	0	1,969	0		2.00
3.00	DIETARY	10.00	0	965	0		3.00
4.00	CENTRAL SERVICE & SUPPLY	14.00	0	9,412	0		4.00
5.00	PHARMACY	15.00	0	201,519	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	9,485	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	245	0		7.00
8.00	OPERATING ROOM	50.00	0	8,421	0		8.00
9.00	CT SCAN	57.00	0	5,050	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	29,132	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	464	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,207	0		12.00
13.00	AMBULANCE SERVICES	95.00	0	8,000	0		13.00
	<b>O</b>		0	287,335			
<b>C - MEDICAL SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	160	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	890,771	0		2.00
3.00	PHARMACY	15.00	0	487,918	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,084,223	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	237,754	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	59,262	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	28,135	0		7.00
8.00	OPERATING ROOM	50.00	0	20,271,283	0		8.00
9.00	RECOVERY ROOM	51.00	0	37,040	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,782,861	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,054	0		11.00
12.00	RADIOISOTOPE	56.00	0	11,366	0		12.00
13.00	CARDIAC CATH LAB	56.01	0	4,682,855	0		13.00
14.00	CT SCAN	57.00	0	140,038	0		14.00
15.00	MRI	58.00	0	16,336	0		15.00
16.00	LABORATORY	60.00	0	121,132	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	377,198	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	144,437	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	28,693	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	2,829	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	20,123	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	44,439	0		22.00
23.00	DIABETES CENTER	73.01	0	2,099	0		23.00
24.00	RENAL DIALYSIS	74.00	0	14,860	0		24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,029	0		25.00
26.00	CLINIC	90.00	0	47,493	0		26.00
27.00	EMERGENCY	91.00	0	926,224	0		27.00
28.00	WOUND CARE	91.01	0	383,557	0		28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	86,844	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	129,551	0		30.00
	<b>O</b>		0	32,073,564			
<b>D - DRUGS</b>							
1.00	CENTRAL SERVICE & SUPPLY	14.00	0	527	0		1.00
2.00	PHARMACY	15.00	0	9,658,657	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	47,338	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	15,010	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,061	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	358	0		6.00
7.00	OPERATING ROOM	50.00	0	78,678	0		7.00
8.00	RECOVERY ROOM	51.00	0	282	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,722	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	34	0		10.00
11.00	CARDIAC CATH LAB	56.01	0	791	0		11.00
12.00	CT SCAN	57.00	0	86,721	0		12.00
13.00	MRI	58.00	0	45,596	0		13.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:  
5/31/2018 3:53 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	RESPIRATORY THERAPY	65.00	0	550	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	449	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	4	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,499	0		17.00
18.00	CLINIC	90.00	0	249,794	0		18.00
19.00	EMERGENCY	91.00	0	36,182	0		19.00
20.00	WOUND CARE	91.01	0	3,521	0		20.00
21.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	5,389	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	27,585	0		22.00
	0		0	10,312,748			
<b>E - LDRP</b>							
1.00	ADULTS & PEDIATRICS	30.00	4,101,248	47,742	0		1.00
2.00		0.00	0	0	0		2.00
	0		4,101,248	47,742			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	1,422,631	842,624	0		1.00
	0		1,422,631	842,624			
<b>G - CAPITAL EXP (INT &amp; DEP)</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	162,311	9		1.00
	0		0	162,311			
<b>H - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	7,565,352	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	7,565,352			
<b>I - NURSING SCHOOL</b>							
1.00	ADULTS & PEDIATRICS	30.00	96,956	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,323	4,187	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	41,168	118,323	0		3.00
	0		174,447	122,510			
<b>J - PARAMED PROGRAM</b>							
1.00	PHARMACY	15.00	75,317	96,750	0		1.00
2.00	EMERGENCY	91.00	84,699	0	0		2.00
3.00	AMBULANCE SERVICES	95.00	69,001	0	0		3.00
	0		229,017	96,750			
<b>K - FSEH SHARED SERVICES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	145,371	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	804,810	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	332,409	0	0		3.00
4.00	PHARMACY	15.00	55,238	0	0		4.00
	0		1,337,828	0			
500.00	Grand Total: Decreases		7,265,171	53,104,250			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,789,573	0	0	0	4,280	1.00
2.00	Land Improvements	2,240,518	1,006,069	0	1,006,069	0	2.00
3.00	Buildings and Fixtures	255,097,555	47,415,201	0	47,415,201	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	82,661,435	0	0	0	5,407,792	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	352,789,081	48,421,270	0	48,421,270	5,412,072	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	352,789,081	48,421,270	0	48,421,270	5,412,072	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,785,293	0				1.00
2.00	Land Improvements	3,246,587	0				2.00
3.00	Buildings and Fixtures	302,512,756	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	77,253,643	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	395,798,279	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	395,798,279	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	16,352,525	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,352,525	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,352,525				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,352,525				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	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	17,709,987	1,593,314	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,123,392	287,335	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,833,379	1,880,649	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	3,761,779	0	0	0	23,065,080	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,951,733	0	0	0	5,362,460	2.00
3.00	Total (sum of lines 1-2)	6,713,512	0	0	0	28,427,540	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:  
5/31/2018 3:53 pm

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	-477,311	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-374,529	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,263,354			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,543,996			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,232,732	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-4,695	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,247,236	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-87,842	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RECRUITMENT	A	-143,209	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	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	
34.00 HAF	A	-11,558,379	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00 ADVERTISING	A	-1,849	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
35.01 ADVERTISING	A	-110	DIETARY	10.00	0	35.01
35.02 ADVERTISING	A	-33,847	NURSING SCHOOL	20.00	0	35.02
35.03 ADVERTISING	A	-73,030	ELECTROCARDIOLOGY	69.00	0	35.03
35.04 ADVERTISING	A	-192	CLINIC	90.00	0	35.04
36.00 ATHLETIC TRAINING	B	-151,686	PHYSICAL THERAPY	66.00	0	36.00
37.00 BLDG RENT	B	-675,142	CAP REL COSTS-BLDG & FIXT	1.00	9	37.00
38.00 DISCOUNTS / REBATES	B	-30,969	MGMT INFO SYSTEMS	5.02	0	38.00
38.01 DISCOUNTS / REBATES	B	-42,704	PURCHASING	5.03	0	38.01
38.02 DISCOUNTS / REBATES	B	-139,331	CENTRAL SERVICE & SUPPLY	14.00	0	38.02
38.03 DISCOUNTS / REBATES	B	-413,210	OPERATING ROOM	50.00	0	38.03
38.04 DISCOUNTS / REBATES	B	-82,554	RADIOLOGY-DIAGNOSTIC	54.00	0	38.04
38.05 DISCOUNTS / REBATES	B	-16,989	LABORATORY	60.00	0	38.05
38.06 DISCOUNTS / REBATES	B	-7,050	RESPIRATORY THERAPY	65.00	0	38.06
39.00 EDUCATION	B	-121,927	PHARMACY RESIDENCY	23.00	0	39.00
40.00 FOOD SERVICE DAY CARE	B	-158,754	DIETARY	10.00	0	40.00
41.00 MARKETING	A	-254	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.01 MARKETING	A	-164	DIETARY	10.00	0	41.01
41.02 MARKETING	A	-123	SUBPROVIDER - IRF	41.00	0	41.02
41.03 MARKETING	A	-199	OPERATING ROOM	50.00	0	41.03
41.04 MARKETING	A	-23,118	PHYSICAL THERAPY	66.00	0	41.04
41.05 MARKETING	A	-6,621	ELECTROCARDIOLOGY	69.00	0	41.05
41.06 MARKETING	A	-888	DIABETES CENTER	73.01	0	41.06
41.07 MARKETING	A	-2,275	EMERGENCY	91.00	0	41.07
41.08 MARKETING	A	-868	WOUND CARE	91.01	0	41.08
41.09 MARKETING	A	-1,040	HOME HEALTH AGENCY	101.00	0	41.09
41.10 MARKETING	A	-491	HOSPICE	116.00	0	41.10
42.00 MISCELLANEOUS REVENUE	B	-8,038	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
42.01 MISCELLANEOUS REVENUE	B	-466,657	CAP REL COSTS-BLDG & FIXT	1.00	9	42.01
42.02 MISCELLANEOUS REVENUE	B	-10,435	OCCUPATIONAL THERAPY	67.00	0	42.02
42.03 MISCELLANEOUS REVENUE	B	-901	WOUND CARE	91.01	0	42.03
43.00 MISCELLANEOUS REVENUE	B	-55,463	OPERATION OF PLANT	7.00	0	43.00
43.01 MISCELLANEOUS REVENUE	B	-37,182	CAFETERIA	11.00	0	43.01
43.02 MISCELLANEOUS REVENUE	B	-202,760	PHARMACY	15.00	0	43.02
43.03 MISCELLANEOUS REVENUE	B	-134,685	CARDIAC CATH LAB	56.01	0	43.03
44.00 PENSION	A	3,007,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,827,789				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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2018 3:53 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCSAN DEPRECIATION	2,499,261	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCSAN DEPRECIATION	1,961,081	0
3.00	113.00	INTEREST EXPENSE	FRANCSAN INTEREST	7,565,352	0
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCSAN A&G	10,102,564	0
3.02	15.00	PHARMACY	EDUCATION	0	63,759
3.03	91.00	EMERGENCY	EDUCATION	0	41,207
3.04	15.00	PHARMACY	EDUCATION	0	11,966
3.05	23.00	PHARMACY RESIDENCY	EDUCATION	3,605	0
4.00	15.00	PHARMACY	FRANCSAN COEP	609,936	0
4.01	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	15,055,927	0
4.02	5.03	PURCHASING	PURCHASING SERVICES	1,260,471	0
4.03	5.05	PATIENT ACCOUNTING	PATIENT ACCT	4,055,320	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,620,682	0
4.05	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	0	15,649,156
4.06	5.03	PURCHASING	PURCHASING SERVICES	0	1,310,136
4.07	5.05	PATIENT ACCOUNTING	PATIENT ACCT	0	4,215,107
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	10,500,622
4.09	15.00	PHARMACY	PHARMACY	0	590,172
4.10	16.00	MEDICAL RECORDS & LIBRARY	HIM	0	2,029,904
4.11	113.00	INTEREST EXPENSE	INTEREST	0	10,218,826
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	173,311
4.15	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	1,069,967
4.17	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	348,824
4.18	15.00	PHARMACY	FSEH SHARED SERVICES	0	55,238
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,734,199	46,278,195

\* 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	FRANCSAN ALLI	100.00	FRANCSAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2018 3:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,311,612	2,311,612	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	70,200	70,200	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	617,000	617,000	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	116,724	116,724	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	8,816	8,816	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	4,875	4,875	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	828,370	828,370	0	0	0	7.00
8.00	91.00	EMERGENCY	305,757	305,757	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,263,354	4,263,354	0	0	0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	2,311,612		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	70,200		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	617,000		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	116,724		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,816		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	4,875		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	828,370		7.00
8.00	91.00	EMERGENCY	0	0	0	305,757		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,263,354		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	23,065,080	23,065,080			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,362,460		5,362,460		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,254,735	388,343	104,885	35,747,963	4.00
5.01 01160	COMMUNICATIONS	1,343,931	38,471	10,390	196,860	1,589,652 5.01
5.02 01140	MGMT INFO SYSTEMS	15,825,808	494,039	133,432	34,778	51,861 5.02
5.03 00550	PURCHASING	1,502,700	450,223	121,598	0	31,568 5.03
5.04 00570	ADMINISTRATIVE	4,460	75,342	20,349	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	5,611,338	112,413	30,361	0	31,568 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	21,041,812	1,843,280	497,838	2,274,877	164,602 5.06
7.00 00700	OPERATION OF PLANT	10,354,907	3,023,572	816,618	1,233,386	124,015 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	978,287	134,107	36,220	42,477	2,255 8.00
9.00 00900	HOUSEKEEPING	3,075,607	375,996	101,550	808,408	20,293 9.00
10.00 01000	DIETARY	1,058,934	581,786	157,130	319,170	67,645 10.00
11.00 01100	CAFETERIA	995,341	424,414	114,627	553,684	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,563,937	157,201	42,457	975,823	20,293 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	413,701	271,729	73,389	169,644	9,019 14.00
15.00 01500	PHARMACY	3,340,095	174,493	47,128	1,113,072	51,861 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,683,567	138,537	37,416	6,867	38,332 16.00
17.00 01700	SOCIAL SERVICE	622,272	19,779	5,342	241,250	20,293 17.00
20.00 02000	NURSING SCHOOL	334,708	1,117,012	301,686	866,092	0 20.00
23.00 02301	PHARMACY RESIDENCY	236,419	193,671	52,307	94,459	0 23.00
23.01 02300	EMS EDUCATION	310,691	0	0	109,833	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,178,632	2,916,762	787,767	5,482,831	259,306 30.00
31.00 03100	INTENSIVE CARE UNIT	3,547,568	318,346	85,980	1,370,340	49,606 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,866,875	225,455	60,891	668,452	38,332 35.00
41.00 04100	SUBPROVIDER - IIRF	1,209,470	364,163	98,354	445,199	54,116 41.00
43.00 04300	NURSERY	551,842	0	0	212,304	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,506,773	938,403	253,447	1,566,161	54,116 50.00
51.00 05100	RECOVERY ROOM	683,373	103,610	27,983	264,062	18,039 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,597,148	0	0	1,383,890	58,625 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,764,255	722,695	195,188	1,330,972	135,290 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	510,672	38,386	10,367	157,311	0 55.00
56.00 05600	RADIOISOTOPE	263,664	7,031	1,899	88,461	0 56.00
56.01 03950	CARDIAC CATH LAB	1,591,036	207,934	56,159	500,542	0 56.01
57.00 05700	CT SCAN	853,098	113,613	30,685	261,648	0 57.00
58.00 05800	MRI	299,844	32,383	8,746	92,651	0 58.00
60.00 06000	LABORATORY	9,702,207	509,188	137,523	0	99,212 60.00
65.00 06500	RESPIRATORY THERAPY	2,355,008	81,201	21,931	825,086	76,664 65.00
66.00 06600	PHYSICAL THERAPY	3,607,417	333,094	89,963	1,367,298	13,529 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,310,566	161,602	43,646	483,585	0 67.00
68.00 06800	SPEECH PATHOLOGY	420,327	88,633	23,938	160,487	0 68.00
69.00 06900	ELECTROCARDIOLOGY	1,830,231	206,390	55,743	601,412	13,529 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	759,693	129,162	34,884	250,092	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,860,729	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,212,835	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,312,748	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	343,609	0	0	130,611	13,529 73.01
74.00 07400	RENAL DIALYSIS	695,745	49,047	13,247	47,727	0 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	145,489	101,352	27,373	663	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	811,781	0	0	177,651	72,154 90.00
91.00 09100	EMERGENCY	7,404,134	756,536	204,327	2,732,501	0 91.00
91.01 04950	WOUND CARE	1,410,786	399,347	107,857	532,989	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	2,254,403	176,351	47,629	736,051	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,813,683	214,593	57,958	846,340	0 95.00
101.00 10100	HOME HEALTH AGENCY	3,838,451	0	0	961,034	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	2,888,685	108,869	29,404	569,436	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	267,383,567	19,318,554	5,217,612	33,288,467	1,589,652 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,127	66,396	17,932	18,196	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,804,449	469,916	126,916	2,441,065	0 192.00
194.00 07950	MOB	171	0	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.01 07951 LIFELINE	5,615	0	0	235	0	194.01
194.02 07952 PATIENT TRANSPORT	264,376	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	3,210,214	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	281,539,305	23,065,080	5,362,460	35,747,963	1,589,652	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	01140	MGMT INFO SYSTEMS	16,539,918				5.02	
5.03	00550	PURCHASING	0	2,106,089			5.03	
5.04	00570	ADMINITTING	0	0	100,151		5.04	
5.05	00580	PATIENT ACCOUNTING	0	1	0	5,785,681	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	847	0	0	5.06	
7.00	00700	OPERATION OF PLANT	1,128,593	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	694,369	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	41,795	3,863	0	0	9.00	
10.00	01000	DIETARY	810,676	167	0	0	10.00	
11.00	01100	CAFETERIA	789,556	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	406,584	0	0	0	13.00	
14.00	01400	CENTRAL SERVICE & SUPPLY	129,469	35	0	0	14.00	
15.00	01500	PHARMACY	439,954	0	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	13,318	1	0	0	16.00	
17.00	01700	SOCIAL SERVICE	128,540	23	0	0	17.00	
20.00	02000	NURSING SCHOOL	328,667	308	0	0	20.00	
23.00	02301	PHARMACY RESIDENCY	31,639	0	0	0	23.00	
23.01	02300	EMS EDUCATION	27,276	5	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,189,231	422	4,700	272,602	28,092,253	30.00
31.00	03100	INTENSIVE CARE UNIT	678,460	99	1,404	81,420	6,133,223	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	299,989	1,007	1,190	68,995	3,231,186	35.00
41.00	04100	SUBPROVIDER - IIRF	189,862	8	396	22,972	2,384,540	41.00
43.00	04300	NURSERY	0	0	299	17,316	781,761	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	715,402	40,678	14,008	789,492	13,878,480	50.00
51.00	05100	RECOVERY ROOM	96,509	0	1,096	63,547	1,258,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,854	107,513	5,149,030	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,769	24,287	6,768	392,548	11,258,772	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	58,961	0	801	46,469	822,967	55.00
56.00	05600	RADIOISOTOPE	32,499	0	0	0	393,554	56.00
56.01	03950	CARDIAC CATH LAB	193,509	12,219	2,792	161,908	2,726,099	56.01
57.00	05700	CT SCAN	117,652	145	5,832	338,259	1,720,932	57.00
58.00	05800	MRI	32,279	9	1,390	80,631	547,933	58.00
60.00	06000	LABORATORY	0	41,197	10,722	621,868	11,121,917	60.00
65.00	06500	RESPIRATORY THERAPY	401,535	8,625	1,045	60,592	3,831,687	65.00
66.00	06600	PHYSICAL THERAPY	708,622	2	1,401	81,263	6,202,589	66.00
67.00	06700	OCCUPATIONAL THERAPY	201,495	0	871	50,501	2,252,266	67.00
68.00	06800	SPEECH PATHOLOGY	69,654	0	191	11,083	774,313	68.00
69.00	06900	ELECTROCARDIOLOGY	260,641	20	2,545	147,621	3,118,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	111,472	0	457	26,501	1,312,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	909,254	11,030	639,767	16,420,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,053,172	8,029	465,655	18,739,691	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,837	628,553	10,952,138	73.00
73.01	07301	DIABETES CENTER	55,920	0	18	1,048	544,735	73.01
74.00	07400	RENAL DIALYSIS	22,481	0	210	12,191	840,648	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	225	0	79	4,602	279,783	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	135,003	2	75	4,363	1,201,029	90.00
91.00	09100	EMERGENCY	1,345,252	974	5,673	329,023	12,778,420	91.00
91.01	04950	WOUND CARE	222,343	0	692	40,113	2,714,127	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	343,918	33	956	55,449	3,614,790	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	617,208	231	1,204	69,819	4,621,036	95.00
101.00	10100	HOME HEALTH AGENCY	426,146	5,816	599	34,770	5,266,816	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	247,692	2,638	987	57,227	3,904,938	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,431,165	2,106,088	100,151	5,785,681	260,923,943	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,002	0	0	0	195,653	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	96,099	1	0	0	16,938,446	192.00
194.00	07950	MOB	0	0	0	0	171	194.00
194.01	07951	LIFELINE	652	0	0	0	6,502	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	264,376	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	3,210,214	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00



COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal			
		5.02	5.03	5.04	5.05	5A.05			
202.00	TOTAL (sum lines 118 through 201)	16,539,918	2,106,089	100,151	5,785,681	281,539,305	202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25,823,256					5.06
7.00	00700	OPERATION OF PLANT	1,684,523	18,365,614				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	190,629	148,019	2,226,363			8.00
9.00	00900	HOUSEKEEPING	447,108	415,003	51,488	5,341,111		9.00
10.00	01000	DIETARY	302,498	642,142	62,529	240,527	4,243,204	10.00
11.00	01100	CAFETERIA	290,594	468,444	0	175,465	0	11.00
13.00	01300	NURSING ADMINISTRATION	420,729	173,509	0	64,991	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	107,749	299,919	56,427	112,340	0	14.00
15.00	01500	PHARMACY	521,744	192,595	0	72,140	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	193,691	152,909	0	57,275	0	16.00
17.00	01700	SOCIAL SERVICE	104,771	21,831	0	8,177	0	17.00
20.00	02000	NURSING SCHOOL	297,749	1,232,894	0	461,804	0	20.00
23.00	02301	PHARMACY RESIDENCY	61,448	213,763	0	80,069	0	23.00
23.01	02300	EMS EDUCATION	45,221	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,836,896	3,219,355	785,940	1,205,872	3,556,234	30.00
31.00	03100	INTENSIVE CARE UNIT	619,357	351,372	119,728	131,613	412,045	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	326,298	248,844	49,905	93,209	0	35.00
41.00	04100	SUBPROVIDER - IRF	240,800	401,942	42,265	150,555	274,925	41.00
43.00	04300	NURSERY	78,945	0	82,017	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,401,504	1,035,756	390,462	387,962	0	50.00
51.00	05100	RECOVERY ROOM	127,060	114,358	71,802	42,835	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	519,970	0	87,690	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,136,956	797,670	137,008	298,783	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	83,106	42,368	0	15,870	0	55.00
56.00	05600	RADIOISOTOPE	39,743	7,761	0	2,907	0	56.00
56.01	03950	CARDIAC CATH LAB	275,292	229,506	9,054	85,966	0	56.01
57.00	05700	CT SCAN	173,787	125,400	0	46,971	0	57.00
58.00	05800	MRI	55,332	35,743	0	13,388	0	58.00
60.00	06000	LABORATORY	1,123,136	562,012	14,195	210,513	0	60.00
65.00	06500	RESPIRATORY THERAPY	386,939	89,625	16,622	33,571	0	65.00
66.00	06600	PHYSICAL THERAPY	626,362	367,650	30,935	137,711	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,443	178,368	0	66,811	0	67.00
68.00	06800	SPEECH PATHOLOGY	78,193	97,828	0	36,643	0	68.00
69.00	06900	ELECTROCARDIOLOGY	314,881	227,802	12,607	85,328	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,517	142,562	0	53,399	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,658,236	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,892,409	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,105,991	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	55,010	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	84,892	54,135	0	20,277	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,254	111,866	0	41,902	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	121,285	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,290,416	835,021	205,689	312,773	0	91.00
91.01	04950	WOUND CARE	274,083	440,777	0	165,101	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	365,036	194,646	0	72,908	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	466,651	236,856	0	88,719	0	95.00
101.00	10100	HOME HEALTH AGENCY	531,864	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	394,336	120,163	0	45,009	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,741,434	14,230,414	2,226,363	5,119,384	4,243,204	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,758	73,284	0	27,450	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,710,512	518,667	0	194,277	0	192.00
194.00	07950	MOB	17	0	0	0	0	194.00
194.01	07951	LIFELINE	657	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	26,698	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	324,180	3,543,249	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,823,256	18,365,614	2,226,363	5,341,111	4,243,204		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,812,125					11.00
13.00	01300	118,544	4,944,068				13.00
14.00	01400	37,748	0	1,681,169			14.00
15.00	01500	128,273	0	0	6,081,355		15.00
16.00	01600	3,883	0	1	0	2,325,797	16.00
17.00	01700	37,477	0	18	0	0	17.00
20.00	02000	95,826	0	246	0	0	20.00
23.00	02301	9,225	0	0	0	0	23.00
23.01	02300	7,953	0	4	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	929,851	1,563,345	338	0	109,594	30.00
31.00	03100	197,812	332,578	80	0	32,733	31.00
35.00	02060	87,465	147,053	805	0	27,738	35.00
41.00	04100	55,356	93,069	6	0	9,235	41.00
43.00	04300	0	0	0	0	6,962	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	208,583	350,686	32,547	0	317,187	50.00
51.00	05100	28,138	47,308	0	0	25,548	51.00
52.00	05200	0	0	0	0	43,223	52.00
54.00	05400	200,234	0	19,432	0	157,815	54.00
55.00	03630	17,191	0	0	0	18,682	55.00
56.00	05600	9,475	15,931	0	0	0	56.00
56.01	03950	56,419	94,857	9,776	0	65,092	56.01
57.00	05700	34,302	0	116	0	135,990	57.00
58.00	05800	9,411	0	7	0	32,416	58.00
60.00	06000	0	0	32,963	0	250,008	60.00
65.00	06500	117,072	196,831	6,901	0	24,360	65.00
66.00	06600	206,606	347,363	1	0	32,670	66.00
67.00	06700	58,748	98,772	0	0	20,303	67.00
68.00	06800	20,308	34,144	0	0	4,456	68.00
69.00	06900	75,992	127,765	16	0	59,348	69.00
70.00	07000	32,501	54,643	0	0	10,654	70.00
71.00	07100	0	0	727,507	0	257,204	71.00
72.00	07200	0	0	842,647	0	187,206	72.00
73.00	07300	0	0	0	6,081,355	252,696	73.00
73.01	07301	16,304	27,412	0	0	421	73.01
74.00	07400	6,555	11,020	0	0	4,901	74.00
76.98	07698	66	0	0	0	1,850	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	39,361	0	2	0	1,754	90.00
91.00	09100	392,222	659,436	780	0	132,277	91.00
91.01	04950	64,826	108,991	0	0	16,127	91.01
92.00	09200						92.00
92.01	09201	100,273	0	26	0	22,292	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	179,953	302,552	185	0	28,069	95.00
101.00	10100	124,247	208,895	4,654	0	13,979	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	72,217	121,417	2,110	0	23,007	116.00
118.00							118.00
		3,780,417	4,944,068	1,681,168	6,081,355	2,325,797	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	3,499	0	0	0	0	190.00
192.00	19200	28,019	0	1	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	190	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	0	0	0	0	0	194.03
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:  
From 01/01/2017  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,812,125	4,944,068	1,681,169	6,081,355	2,325,797	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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 SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	1,209,773				17.00
20.00	02000	NURSING SCHOOL	0	5,036,992			20.00
23.00	02301	PHARMACY RESIDENCY	0		973,000		23.00
23.01	02300	EMS EDUCATION	0			500,983	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	854,371	5,036,992	0	0	48,191,041
31.00	03100	INTENSIVE CARE UNIT	118,786	0	0	0	8,449,327
35.00	02060	NEONATAL INTENSIVE CARE UNIT	69,884	0	0	0	4,282,387
41.00	04100	SUBPROVIDER - IIRF	75,463	0	0	0	3,728,156
43.00	04300	NURSERY	91,269	0	0	0	1,040,954
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	18,003,167
51.00	05100	RECOVERY ROOM	0	0	0	0	1,715,268
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,799,913
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	14,006,670
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,000,184
56.00	05600	RADIOISOTOPE	0	0	0	0	469,371
56.01	03950	CARDIAC CATH LAB	0	0	0	0	3,552,061
57.00	05700	CT SCAN	0	0	0	0	2,237,498
58.00	05800	MRI	0	0	0	0	694,230
60.00	06000	LABORATORY	0	0	0	0	13,314,744
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,703,608
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,951,887
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,902,711
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,045,885
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,021,871
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,738,537
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,063,727
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,661,953
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	973,000	0	19,365,180
73.01	07301	DIABETES CENTER	0	0	0	0	643,882
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,022,428
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	463,721
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	1,363,431
91.00	09100	EMERGENCY	0	0	0	500,983	17,108,017
91.01	04950	WOUND CARE	0	0	0	0	3,784,032
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	4,369,971
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	5,924,021
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,150,455
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	4,683,197
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,209,773	5,036,992	973,000	500,983	254,453,485
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	319,644
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	19,389,922
194.00	07950	MOB	0	0	0	0	188
194.01	07951	LIFELINE	0	0	0	0	7,349
194.02	07952	PATIENT TRANSPORT	0	0	0	0	291,074
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	7,077,643
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109			Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		SOCI AL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	1,209,773	5,036,992	973,000	500,983	281,539,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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 SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	48,191,041
31.00	03100	INTENSIVE CARE UNIT	0	8,449,327
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,282,387
41.00	04100	SUBPROVIDER - I RF	0	3,728,156
43.00	04300	NURSERY	0	1,040,954
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	18,003,167
51.00	05100	RECOVERY ROOM	0	1,715,268
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,799,913
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,006,670
55.00	03630	RADIOLOGY-THERAPEUTIC	0	1,000,184
56.00	05600	RADIOISOTOPE	0	469,371
56.01	03950	CARDIAC CATH LAB	0	3,552,061
57.00	05700	CT SCAN	0	2,237,498
58.00	05800	MRI	0	694,230
60.00	06000	LABORATORY	0	13,314,744
65.00	06500	RESPIRATORY THERAPY	0	4,703,608
66.00	06600	PHYSICAL THERAPY	0	7,951,887
67.00	06700	OCCUPATIONAL THERAPY	0	2,902,711
68.00	06800	SPEECH PATHOLOGY	0	1,045,885
69.00	06900	ELECTROCARDIOLOGY	0	4,021,871
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,738,537
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,063,727
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,661,953
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,365,180
73.01	07301	DIABETES CENTER	0	643,882
74.00	07400	RENAL DIALYSIS	0	1,022,428
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	463,721
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	1,363,431
91.00	09100	EMERGENCY	0	17,108,017
91.01	04950	WOUND CARE	0	3,784,032
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,369,971
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	5,924,021
101.00	10100	HOME HEALTH AGENCY	0	6,150,455
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	4,683,197
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	254,453,485
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	319,644
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,389,922
194.00	07950	MOB	0	188
194.01	07951	LIFELINE	0	7,349
194.02	07952	PATIENT TRANSPORT	0	291,074



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	7,077,643	194.03
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)	0	281,539,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	388,343	104,885	493,228	493,228 4.00
5.01 01160	COMMUNICATIONS	0	38,471	10,390	48,861	2,716 5.01
5.02 01140	MGMT INFO SYSTEMS	0	494,039	133,432	627,471	480 5.02
5.03 00550	PURCHASING	0	450,223	121,598	571,821	0 5.03
5.04 00570	ADMINISTRATIVE	0	75,342	20,349	95,691	0 5.04
5.05 00580	PATIENT ACCOUNTING	0	112,413	30,361	142,774	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,843,280	497,838	2,341,118	31,388 5.06
7.00 00700	OPERATION OF PLANT	0	3,023,223	816,618	3,840,190	17,018 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	134,107	36,220	170,327	586 8.00
9.00 00900	HOUSEKEEPING	0	375,996	101,550	477,546	11,154 9.00
10.00 01000	DIETARY	0	581,786	157,130	738,916	4,404 10.00
11.00 01100	CAFETERIA	0	424,414	114,627	539,041	7,640 11.00
13.00 01300	NURSING ADMINISTRATION	0	157,201	42,457	199,658	13,464 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	271,729	73,389	345,118	2,341 14.00
15.00 01500	PHARMACY	0	174,493	47,128	221,621	15,358 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	138,537	37,416	175,953	95 16.00
17.00 01700	SOCIAL SERVICE	0	19,779	5,342	25,121	3,329 17.00
20.00 02000	NURSING SCHOOL	0	1,117,012	301,686	1,418,698	11,950 20.00
23.00 02301	PHARMACY RESIDENCY	0	193,671	52,307	245,978	1,303 23.00
23.01 02300	EMS EDUCATION	0	0	0	0	1,515 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,916,762	787,767	3,704,529	75,643 30.00
31.00 03100	INTENSIVE CARE UNIT	0	318,346	85,980	404,326	18,907 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	225,455	60,891	286,346	9,223 35.00
41.00 04100	SUBPROVIDER - IRF	0	364,163	98,354	462,517	6,143 41.00
43.00 04300	NURSERY	0	0	0	0	2,929 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	938,403	253,447	1,191,850	21,609 50.00
51.00 05100	RECOVERY ROOM	0	103,610	27,983	131,593	3,643 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	19,094 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	722,695	195,188	917,883	18,364 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	0	38,386	10,367	48,753	2,171 55.00
56.00 05600	RADIOISOTOPE	0	7,031	1,899	8,930	1,221 56.00
56.01 03950	CARDIAC CATH LAB	0	207,934	56,159	264,093	6,906 56.01
57.00 05700	CT SCAN	0	113,613	30,685	144,298	3,610 57.00
58.00 05800	MRI	0	32,383	8,746	41,129	1,278 58.00
60.00 06000	LABORATORY	0	509,188	137,523	646,711	0 60.00
65.00 06500	RESPIRATORY THERAPY	0	81,201	21,931	103,132	11,384 65.00
66.00 06600	PHYSICAL THERAPY	0	333,094	89,963	423,057	18,865 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	161,602	43,646	205,248	6,672 67.00
68.00 06800	SPEECH PATHOLOGY	0	88,633	23,938	112,571	2,214 68.00
69.00 06900	ELECTROCARDIOLOGY	0	206,390	55,743	262,133	8,298 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	129,162	34,884	164,046	3,451 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
73.01 07301	DIABETES CENTER	0	0	0	0	1,802 73.01
74.00 07400	RENAL DIALYSIS	0	49,047	13,247	62,294	659 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	101,352	27,373	128,725	9 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	2,451 90.00
91.00 09100	EMERGENCY	0	756,536	204,327	960,863	37,702 91.00
91.01 04950	WOUND CARE	0	399,347	107,857	507,204	7,354 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	176,351	47,629	223,980	10,156 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	214,593	57,958	272,551	11,677 95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	13,260 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	108,869	29,404	138,273	7,857 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	19,318,554	5,217,612	24,536,166	459,293 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,396	17,932	84,328	251 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	469,916	126,916	596,832	33,681 192.00
194.00 07950	MOB	0	0	0	0	0 194.00
194.01 07951	LIFELINE	0	0	0	0	3 194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02	
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	3,210,214	0	3,210,214	0	194.03	
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)	0	23,065,080	5,362,460	28,427,540	493,228	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	51,577					5.01
5.02	01140	MGMT INFO SYSTEMS	1,683	629,634				5.02
5.03	00550	PURCHASING	1,024	0	572,845			5.03
5.04	00570	ADMINITTING	0	0	0	95,691		5.04
5.05	00580	PATIENT ACCOUNTING	1,024	0	0	0	143,798	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,341	0	230	0	0	5.06
7.00	00700	OPERATION OF PLANT	4,024	42,963	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	73	26,433	0	0	0	8.00
9.00	00900	HOUSEKEEPING	658	1,591	1,051	0	0	9.00
10.00	01000	DIETARY	2,195	30,860	45	0	0	10.00
11.00	01100	CAFETERIA	0	30,056	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	658	15,478	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	293	4,929	10	0	0	14.00
15.00	01500	PHARMACY	1,683	16,748	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,244	507	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	658	4,893	6	0	0	17.00
20.00	02000	NURSING SCHOOL	0	12,512	84	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	1,204	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	1,038	1	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,413	121,406	115	4,534	6,801	30.00
31.00	03100	INTENSIVE CARE UNIT	1,609	25,827	27	1,354	2,031	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,244	11,420	274	1,148	1,721	35.00
41.00	04100	SUBPROVIDER - IIRF	1,756	7,228	2	382	573	41.00
43.00	04300	NURSERY	0	0	0	288	432	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,756	27,234	11,064	12,591	19,149	50.00
51.00	05100	RECOVERY ROOM	585	3,674	0	1,057	1,585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,902	0	0	1,788	2,682	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,390	26,144	6,606	6,529	9,794	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	2,245	0	773	1,159	55.00
56.00	05600	RADIOISOTOPE	0	1,237	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	7,366	3,323	2,693	4,039	56.01
57.00	05700	CT SCAN	0	4,479	40	5,626	8,439	57.00
58.00	05800	MRI	0	1,229	3	1,341	2,012	58.00
60.00	06000	LABORATORY	3,219	0	11,205	10,343	15,515	60.00
65.00	06500	RESPIRATORY THERAPY	2,487	15,285	2,346	1,008	1,512	65.00
66.00	06600	PHYSICAL THERAPY	439	26,975	0	1,352	2,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,670	0	840	1,260	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,652	0	184	277	68.00
69.00	06900	ELECTROCARDIOLOGY	439	9,922	5	2,455	3,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,243	0	441	661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	247,312	10,641	15,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	286,459	7,745	11,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,455	15,682	73.00
73.01	07301	DIABETES CENTER	439	2,129	0	17	26	73.01
74.00	07400	RENAL DIALYSIS	0	856	0	203	304	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	9	0	77	115	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,341	5,139	1	73	109	90.00
91.00	09100	EMERGENCY	0	51,210	265	5,473	8,209	91.00
91.01	04950	WOUND CARE	0	8,464	0	667	1,001	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	13,092	9	922	1,383	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	23,496	63	1,161	1,742	95.00
101.00	10100	HOME HEALTH AGENCY	0	16,222	1,582	578	867	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,429	717	952	1,428	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,577	625,494	572,845	95,691	143,798	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	457	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,658	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	25	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
202.00	TOTAL (sum lines 118 through 201)	51,577	629,634	572,845	95,691	143,798		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,378,077					5.06
7.00	00700	OPERATION OF PLANT	155,134	4,059,329				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,556	32,717	247,692			8.00
9.00	00900	HOUSEKEEPING	41,176	91,728	5,728	630,632		9.00
10.00	01000	DIETARY	27,858	141,932	6,957	28,399	981,566	10.00
11.00	01100	CAFETERIA	26,762	103,540	0	20,717	0	11.00
13.00	01300	NURSING ADMINISTRATION	38,747	38,351	0	7,674	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,923	66,291	6,278	13,264	0	14.00
15.00	01500	PHARMACY	48,049	42,569	0	8,518	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,838	33,797	0	6,763	0	16.00
17.00	01700	SOCIAL SERVICE	9,649	4,825	0	965	0	17.00
20.00	02000	NURSING SCHOOL	27,421	272,505	0	54,526	0	20.00
23.00	02301	PHARMACY RESIDENCY	5,659	47,248	0	9,454	0	23.00
23.01	02300	EMS EDUCATION	4,165	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	261,172	711,570	87,439	142,379	822,652	30.00
31.00	03100	INTENSIVE CARE UNIT	57,039	77,663	13,320	15,540	95,317	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	30,050	55,002	5,552	11,005	0	35.00
41.00	04100	SUBPROVIDER - IIRF	22,176	88,841	4,702	17,776	63,597	41.00
43.00	04300	NURSERY	7,270	0	9,125	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	129,070	228,932	43,440	45,807	0	50.00
51.00	05100	RECOVERY ROOM	11,701	25,276	7,988	5,058	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,886	0	9,756	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,707	176,308	15,243	35,278	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	7,654	9,365	0	1,874	0	55.00
56.00	05600	RADIOISOTOPE	3,660	1,715	0	343	0	56.00
56.01	03950	CARDIAC CATH LAB	25,353	50,727	1,007	10,150	0	56.01
57.00	05700	CT SCAN	16,005	27,717	0	5,546	0	57.00
58.00	05800	MRI	5,096	7,900	0	1,581	0	58.00
60.00	06000	LABORATORY	103,434	124,221	1,579	24,855	0	60.00
65.00	06500	RESPIRATORY THERAPY	35,635	19,810	1,849	3,964	0	65.00
66.00	06600	PHYSICAL THERAPY	57,684	81,261	3,442	16,260	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,946	39,424	0	7,888	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,201	21,623	0	4,327	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,999	50,351	1,403	10,075	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,204	31,510	0	6,305	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	152,713	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,279	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,855	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	5,066	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,818	11,965	0	2,394	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,602	24,726	0	4,947	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	11,170	0	0	0	0	90.00
91.00	09100	EMERGENCY	118,839	184,564	22,884	36,930	0	91.00
91.01	04950	WOUND CARE	25,241	97,424	0	19,494	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	33,618	43,022	0	8,608	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	42,976	52,352	0	10,475	0	95.00
101.00	10100	HOME HEALTH AGENCY	48,981	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	36,316	26,559	0	5,314	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,186,353	3,145,331	247,692	604,453	981,566	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,820	16,198	0	3,241	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	157,528	114,640	0	22,938	0	192.00
194.00	07950	MOB	2	0	0	0	0	194.00
194.01	07951	LIFELINE	60	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	2,459	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	29,855	783,160	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,378,077	4,059,329	247,692	630,632	981,566		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	727,756					11.00
13.00	01300	NURSING ADMINISTRATION	22,631	336,661				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	7,206	0	455,653			14.00
15.00	01500	PHARMACY	24,488	0	0	379,034		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	741	0	0	0	236,938	16.00
17.00	01700	SOCIAL SERVICE	7,155	0	5	0	0	17.00
20.00	02000	NURSING SCHOOL	18,294	0	67	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	1,761	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	1,518	0	1	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	177,511	106,454	92	0	11,169	30.00
31.00	03100	INTENSIVE CARE UNIT	37,763	22,647	22	0	3,336	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,698	10,013	218	0	2,827	35.00
41.00	04100	SUBPROVIDER - IIRF	10,568	6,337	2	0	941	41.00
43.00	04300	NURSERY	0	0	0	0	710	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	39,820	23,880	8,821	0	32,223	50.00
51.00	05100	RECOVERY ROOM	5,372	3,221	0	0	2,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,405	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,226	0	5,267	0	16,084	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	3,282	0	0	0	1,904	55.00
56.00	05600	RADIOISOTOPE	1,809	1,085	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	10,771	6,459	2,650	0	6,634	56.01
57.00	05700	CT SCAN	6,549	0	32	0	13,860	57.00
58.00	05800	MRI	1,797	0	2	0	3,304	58.00
60.00	06000	LABORATORY	0	0	8,934	0	25,480	60.00
65.00	06500	RESPIRATORY THERAPY	22,350	13,403	1,870	0	2,483	65.00
66.00	06600	PHYSICAL THERAPY	39,442	23,653	0	0	3,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,215	6,726	0	0	2,069	67.00
68.00	06800	SPEECH PATHOLOGY	3,877	2,325	0	0	454	68.00
69.00	06900	ELECTROCARDIOLOGY	14,507	8,700	4	0	6,049	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,205	3,721	0	0	1,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	197,172	0	26,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	228,392	0	19,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	379,034	25,754	73.00
73.01	07301	DIABETES CENTER	3,113	1,867	0	0	43	73.01
74.00	07400	RENAL DIALYSIS	1,251	750	0	0	499	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	13	0	0	0	189	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	7,514	0	1	0	179	90.00
91.00	09100	EMERGENCY	74,877	44,904	211	0	13,481	91.00
91.01	04950	WOUND CARE	12,376	7,422	0	0	1,644	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,143	0	7	0	2,272	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	34,354	20,602	50	0	2,861	95.00
101.00	10100	HOME HEALTH AGENCY	23,719	14,224	1,261	0	1,425	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,787	8,268	572	0	2,345	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	721,703	336,661	455,653	379,034	236,938	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	668	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,349	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	36	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part II  
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5/31/2018 3:53 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	727,756	336,661	455,653	379,034	236,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
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
20.00	02000	56,606					20.00
23.00	02301	0	1,816,057	312,607			23.00
23.01	02300	0			8,238		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	39,976				6,281,855	30.00
31.00	03100	5,558				782,286	31.00
35.00	02060	3,270				446,011	35.00
41.00	04100	3,531				697,072	41.00
43.00	04300	4,271				25,025	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0				1,837,246	50.00
51.00	05100	0				203,357	51.00
52.00	05200	0				87,513	52.00
54.00	05400	0				1,380,823	54.00
55.00	03630	0				79,180	55.00
56.00	05600	0				20,000	56.00
56.01	03950	0				402,171	56.01
57.00	05700	0				236,201	57.00
58.00	05800	0				66,672	58.00
60.00	06000	0				975,496	60.00
65.00	06500	0				238,518	65.00
66.00	06600	0				697,787	66.00
67.00	06700	0				309,958	67.00
68.00	06800	0				157,705	68.00
69.00	06900	0				407,023	69.00
70.00	07000	0				233,873	70.00
71.00	07100	0				650,014	71.00
72.00	07200	0				727,573	72.00
73.00	07300	0				532,780	73.00
73.01	07301	0				14,502	73.01
74.00	07400	0				88,993	74.00
76.98	07698	0				161,412	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0				28,978	90.00
91.00	09100	0				1,560,412	91.00
91.01	04950	0				688,291	91.01
92.00	09200	0					92.00
92.01	09201	0				356,212	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0				474,360	95.00
101.00	10100	0				122,119	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0					113.00
116.00	11600	0				251,817	116.00
118.00		56,606	0	0	0	21,223,235	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0				106,963	190.00
192.00	19200	0				934,626	192.00
194.00	07950	0				2	194.00
194.01	07951	0				124	194.01
194.02	07952	0				2,459	194.02
194.03	07954	0				4,023,229	194.03
200.00			1,816,057	312,607	8,238	2,136,902	200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	56,606	1,816,057	312,607	8,238	28,427,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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 SERVICE & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	6,281,855	30.00
31.00	03100	INTENSIVE CARE UNIT	782,286	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	446,011	35.00
41.00	04100	SUBPROVIDER - I RF	697,072	41.00
43.00	04300	NURSERY	25,025	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	1,837,246	50.00
51.00	05100	RECOVERY ROOM	203,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87,513	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,380,823	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	79,180	55.00
56.00	05600	RADIOISOTOPE	20,000	56.00
56.01	03950	CARDIAC CATH LAB	402,171	56.01
57.00	05700	CT SCAN	236,201	57.00
58.00	05800	MRI	66,672	58.00
60.00	06000	LABORATORY	975,496	60.00
65.00	06500	RESPIRATORY THERAPY	238,518	65.00
66.00	06600	PHYSICAL THERAPY	697,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	309,958	67.00
68.00	06800	SPEECH PATHOLOGY	157,705	68.00
69.00	06900	ELECTROCARDIOLOGY	407,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	233,873	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	650,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	727,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,780	73.00
73.01	07301	DIABETES CENTER	14,502	73.01
74.00	07400	RENAL DIALYSIS	88,993	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	161,412	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	28,978	90.00
91.00	09100	EMERGENCY	1,560,412	91.00
91.01	04950	WOUND CARE	688,291	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	356,212	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	474,360	95.00
101.00	10100	HOME HEALTH AGENCY	122,119	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	251,817	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,223,235	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106,963	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	934,626	192.00
194.00	07950	MOB	2	194.00
194.01	07951	LIFELINE	124	194.01
194.02	07952	PATIENT TRANSPORT	2,459	194.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	4,023,229				194.03
200.00		Cross Foot Adjustments	0	2,136,902				200.00
201.00		Negative Cost Centers	0	0				201.00
202.00		TOTAL (sum lines 118 through 201)	0	28,427,540				202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	806,980				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		694,664			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,587	13,587	91,850,611		4.00
5.01	01160	COMMUNICATIONS	1,346	1,346	505,811	705	5.01
5.02	01140	MGMT INFO SYSTEMS	17,285	17,285	89,358	23	2,866,365
5.03	00550	PURCHASING	15,752	15,752	0	14	0
5.04	00570	ADMINISTRATIVE	2,636	2,636	0	0	0
5.05	00580	PATIENT ACCOUNTING	3,933	3,933	0	14	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	64,491	64,491	5,845,054	73	0
7.00	00700	OPERATION OF PLANT	105,786	105,786	3,169,054	55	195,585
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	4,692	109,139	1	120,334
9.00	00900	HOUSEKEEPING	13,155	13,155	2,077,119	9	7,243
10.00	01000	DIETARY	20,355	20,355	820,074	30	140,490
11.00	01100	CAFETERIA	14,849	14,849	1,422,631	0	136,830
13.00	01300	NURSING ADMINISTRATION	5,500	5,500	2,507,273	9	70,461
14.00	01400	CENTRAL SERVICE & SUPPLY	9,507	9,507	435,882	4	22,437
15.00	01500	PHARMACY	6,105	6,105	2,859,919	23	76,244
16.00	01600	MEDICAL RECORDS & LIBRARY	4,847	4,847	17,644	17	2,308
17.00	01700	SOCIAL SERVICE	692	692	619,866	9	22,276
20.00	02000	NURSING SCHOOL	39,081	39,081	2,225,330	0	56,958
23.00	02301	PHARMACY RESIDENCY	6,776	6,776	242,703	0	5,483
23.01	02300	EMS EDUCATION	0	0	282,205	0	4,727
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	102,049	102,049	14,087,599	115	552,693
31.00	03100	INTENSIVE CARE UNIT	11,138	11,138	3,520,941	22	117,577
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,888	7,888	1,717,515	17	51,988
41.00	04100	SUBPROVIDER - IIRF	12,741	12,741	1,143,890	24	32,903
43.00	04300	NURSERY	0	0	545,492	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,832	32,832	4,024,082	24	123,979
51.00	05100	RECOVERY ROOM	3,625	3,625	678,479	8	16,725
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,555,756	26	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,285	25,285	3,419,790	60	119,017
55.00	03630	RADIOLOGY-THERAPEUTIC	1,343	1,343	404,194	0	10,218
56.00	05600	RADIOISOTOPE	246	246	227,290	0	5,632
56.01	03950	CARDIAC CATH LAB	7,275	7,275	1,286,090	0	33,535
57.00	05700	CT SCAN	3,975	3,975	672,277	0	20,389
58.00	05800	MRI	1,133	1,133	238,057	0	5,594
60.00	06000	LABORATORY	17,815	17,815	0	44	0
65.00	06500	RESPIRATORY THERAPY	2,841	2,841	2,119,971	34	69,586
66.00	06600	PHYSICAL THERAPY	11,654	11,654	3,513,127	6	122,804
67.00	06700	OCCUPATIONAL THERAPY	5,654	5,654	1,242,520	0	34,919
68.00	06800	SPEECH PATHOLOGY	3,101	3,101	412,353	0	12,071
69.00	06900	ELECTROCARDIOLOGY	7,221	7,221	1,545,263	6	45,169
70.00	07000	ELECTROENCEPHALOGRAPHY	4,519	4,519	642,584	0	19,318
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
73.01	07301	DIABETES CENTER	0	0	335,592	6	9,691
74.00	07400	RENAL DIALYSIS	1,716	1,716	122,630	0	3,896
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,546	3,546	1,703	0	39
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	456,454	32	23,396
91.00	09100	EMERGENCY	26,469	26,469	7,020,869	0	233,132
91.01	04950	WOUND CARE	13,972	13,972	1,369,459	0	38,532
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,170	6,170	1,891,205	0	59,601
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	7,508	7,508	2,174,580	0	106,962
101.00	10100	HOME HEALTH AGENCY	0	0	2,469,274	0	73,851
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	3,809	3,809	1,463,104	0	42,925
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	675,900	675,900	85,531,202	705	2,847,518
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,323	2,323	46,752	0	2,080
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,441	16,441	6,272,054	0	16,654
194.00	07950	MOB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.01 07951 LIFELINE	0	0	603	0	113	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	112,316	0	0	0	0	194.03
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)	23,065,080	5,362,460	35,747,963	1,589,652	16,539,918	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	28.581972	7.719502	0.389197	2,254.825532	5.770346	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			493,228	51,577	629,634	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.005370	73.158865	0.219663	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: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1	
Cost Center Description		PURCHASING (COSTED REQUISITS)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	34,421,597				5.03
5.04	00570	ADMINISTRATIVE		1,173,596,803			5.04
5.05	00580	PATIENT ACCOUNTING	20		1,173,596,803		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,839			-25,823,256	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	63,135	0	0	0	9.00
10.00	01000	DIETARY	2,734	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	579	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	374	0	0	0	17.00
20.00	02000	NURSING SCHOOL	5,032	0	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	79	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,897	55,294,494	55,294,494	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,626	16,515,160	16,515,160	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,453	13,995,022	13,995,022	0	35.00
41.00	04100	SUBPROVIDER - IRF	132	4,659,672	4,659,672	0	41.00
43.00	04300	NURSERY	0	3,512,425	3,512,425	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	664,839	160,171,447	160,171,447	0	50.00
51.00	05100	RECOVERY ROOM	0	12,889,844	12,889,844	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,807,941	21,807,941	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	396,944	79,624,339	79,624,339	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	9,425,701	9,425,701	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	199,702	32,841,368	32,841,368	0	56.01
57.00	05700	CT SCAN	2,375	68,612,295	68,612,295	0	57.00
58.00	05800	MRI	153	16,355,206	16,355,206	0	58.00
60.00	06000	LABORATORY	673,325	126,139,458	126,139,458	0	60.00
65.00	06500	RESPIRATORY THERAPY	140,971	12,290,452	12,290,452	0	65.00
66.00	06600	PHYSICAL THERAPY	29	16,483,280	16,483,280	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,243,554	10,243,554	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,248,167	2,248,167	0	68.00
69.00	06900	ELECTROCARDIOLOGY	326	29,943,341	29,943,341	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,375,533	5,375,533	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,860,729	129,770,114	129,770,114	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,212,835	94,453,257	94,453,257	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,495,596	127,495,596	0	73.00
73.01	07301	DIABETES CENTER	0	212,480	212,480	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,472,754	2,472,754	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	933,426	933,426	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	39	884,955	884,955	0	90.00
91.00	09100	EMERGENCY	15,926	66,739,014	66,739,014	0	91.00
91.01	04950	WOUND CARE	0	8,136,522	8,136,522	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	532	11,247,316	11,247,316	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	3,771	14,162,017	14,162,017	0	95.00
101.00	10100	HOME HEALTH AGENCY	95,059	7,052,737	7,052,737	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	43,107	11,607,916	11,607,916	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,421,580	1,173,596,803	1,173,596,803	-25,823,256	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16	0	0	0	192.00
194.00	07950	MOB	1	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PURCHASING (COSTED REQUISITES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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)	2,106,089	100,151	5,785,681		25,823,256	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.061185	0.000085	0.004930		0.100984	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	572,845	95,691	143,798		2,378,077	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.016642	0.000082	0.000123		0.009300	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: 15-0109

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

Worksheet B-1

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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	582,164				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	1,251,418			8.00
9.00	00900	HOUSEKEEPING	13,155	28,941	452,001		9.00
10.00	01000	DIETARY	20,355	35,147	20,355	223,053	10.00
11.00	01100	CAFETERIA	14,849	0	14,849	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	9,507	31,717	9,507	0	14.00
15.00	01500	PHARMACY	6,105	0	6,105	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,847	0	4,847	0	16.00
17.00	01700	SOCIAL SERVICE	692	0	692	0	17.00
20.00	02000	NURSING SCHOOL	39,081	0	39,081	0	20.00
23.00	02301	PHARMACY RESIDENCY	6,776	0	6,776	0	23.00
23.01	02300	EMS EDUCATION	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	102,049	441,770	102,049	186,941	30.00
31.00	03100	INTENSIVE CARE UNIT	11,138	67,298	11,138	21,660	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,888	28,051	7,888	0	35.00
41.00	04100	SUBPROVIDER - IIRF	12,741	23,757	12,741	14,452	41.00
43.00	04300	NURSERY	0	46,101	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,832	219,475	32,832	0	50.00
51.00	05100	RECOVERY ROOM	3,625	40,359	3,625	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,290	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,285	77,011	25,285	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,343	0	1,343	0	55.00
56.00	05600	RADIOISOTOPE	246	0	246	0	56.00
56.01	03950	CARDIAC CATH LAB	7,275	5,089	7,275	0	56.01
57.00	05700	CT SCAN	3,975	0	3,975	0	57.00
58.00	05800	MRI	1,133	0	1,133	0	58.00
60.00	06000	LABORATORY	17,815	7,979	17,815	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,841	9,343	2,841	0	65.00
66.00	06600	PHYSICAL THERAPY	11,654	17,388	11,654	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,654	0	5,654	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,101	0	3,101	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,221	7,086	7,221	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,519	0	4,519	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,716	0	1,716	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,546	0	3,546	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	26,469	115,616	26,469	0	91.00
91.01	04950	WOUND CARE	13,972	0	13,972	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,170	0	6,170	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	7,508	0	7,508	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,809	0	3,809	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	451,084	1,251,418	433,237	223,053	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,323	0	2,323	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,441	0	16,441	0	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	112,316	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
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)	18,365,614	2,226,363	5,341,111	4,243,204	3,812,125	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.547148	1.779072	11.816591	19.023299	1.682402	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,059,329	247,692	630,632	981,566	727,756	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.972827	0.197929	1.395200	4.400595	0.321180	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: 15-0109

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

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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICE & SUPPLY (COSTED REQ USE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
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	1,747,888					13.00
14.00	01400	0	34,341,290				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	18	0	1,173,596,803		16.00
17.00	01700	0	374	0	0	48,142	17.00
20.00	02000	0	5,032	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
23.01	02300	0	79	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	552,693	6,897	0	55,294,494	33,999	30.00
31.00	03100	117,577	1,626	0	16,515,160	4,727	31.00
35.00	02060	51,988	16,453	0	13,995,022	2,781	35.00
41.00	04100	32,903	132	0	4,659,672	3,003	41.00
43.00	04300	0	0	0	3,512,425	3,632	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	123,979	664,839	0	160,171,447	0	50.00
51.00	05100	16,725	0	0	12,889,844	0	51.00
52.00	05200	0	0	0	21,807,941	0	52.00
54.00	05400	0	396,944	0	79,624,339	0	54.00
55.00	03630	0	0	0	9,425,701	0	55.00
56.00	05600	5,632	0	0	0	0	56.00
56.01	03950	33,535	199,702	0	32,841,368	0	56.01
57.00	05700	0	2,375	0	68,612,295	0	57.00
58.00	05800	0	153	0	16,355,206	0	58.00
60.00	06000	0	673,325	0	126,139,458	0	60.00
65.00	06500	69,586	140,971	0	12,290,452	0	65.00
66.00	06600	122,804	29	0	16,483,280	0	66.00
67.00	06700	34,919	0	0	10,243,554	0	67.00
68.00	06800	12,071	0	0	2,248,167	0	68.00
69.00	06900	45,169	326	0	29,943,341	0	69.00
70.00	07000	19,318	0	0	5,375,533	0	70.00
71.00	07100	0	14,860,729	0	129,770,114	0	71.00
72.00	07200	0	17,212,835	0	94,453,257	0	72.00
73.00	07300	0	0	100	127,495,596	0	73.00
73.01	07301	9,691	0	0	212,480	0	73.01
74.00	07400	3,896	0	0	2,472,754	0	74.00
76.98	07698	0	0	0	933,426	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	39	0	884,955	0	90.00
91.00	09100	233,132	15,926	0	66,739,014	0	91.00
91.01	04950	38,532	0	0	8,136,522	0	91.01
92.00	09200						92.00
92.01	09201	0	532	0	11,247,316	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	106,962	3,771	0	14,162,017	0	95.00
101.00	10100	73,851	95,059	0	7,052,737	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	42,925	43,107	0	11,607,916	0	116.00
118.00		1,747,888	34,341,273	100	1,173,596,803	48,142	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	16	0	0	0	192.00
194.00	07950	0	1	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICE & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,944,068	1,681,169	6,081,355	2,325,797	1,209,773	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.828595	0.048955	60,813.550000	0.001982	25.129263	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	336,661	455,653	379,034	236,938	56,606	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.192610	0.013268	3,790.340000	0.000202	1.175813	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: 15-0109

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	01160				5.01
5.02	01140				5.02
5.03	00550				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00560				5.06
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
20.00	02000	100			20.00
23.00	02301		100		23.00
23.01	02300			100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	100	0	0	30.00
31.00	03100	0	0	0	31.00
35.00	02060	0	0	0	35.00
41.00	04100	0	0	0	41.00
43.00	04300	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	0	0	0	54.00
55.00	03630	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.01	03950	0	0	0	56.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
60.00	06000	0	0	0	60.00
65.00	06500	0	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	100	0	73.00
73.01	07301	0	0	0	73.01
74.00	07400	0	0	0	74.00
76.98	07698	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
91.00	09100	0	0	100	91.00
91.01	04950	0	0	0	91.01
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
101.00	10100	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	0	0	0	113.00
116.00	11600	0	0	0	116.00
118.00		100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
194.02	07952	0	0	0	194.02
194.03	07954	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION		
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
		20.00	23.00	23.01		
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)	5,036,992	973,000	500,983		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	50,369.920000	9,730.000000	5,009.830000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,816,057	312,607	8,238		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18,160.570000	3,126.070000	82.380000		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: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:53 pm			
			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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	48,191,041		48,191,041	0	48,191,041	30.00
31.00	03100	INTENSIVE CARE UNIT	8,449,327		8,449,327	0	8,449,327	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,282,387		4,282,387	0	4,282,387	35.00
41.00	04100	SUBPROVIDER - IRF	3,728,156		3,728,156	0	3,728,156	41.00
43.00	04300	NURSERY	1,040,954		1,040,954	0	1,040,954	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,003,167		18,003,167	0	18,003,167	50.00
51.00	05100	RECOVERY ROOM	1,715,268		1,715,268	0	1,715,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,799,913		5,799,913	0	5,799,913	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,670		14,006,670	0	14,006,670	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,000,184		1,000,184	0	1,000,184	55.00
56.00	05600	RADIOISOTOPE	469,371		469,371	0	469,371	56.00
56.01	03950	CARDIAC CATH LAB	3,552,061		3,552,061	0	3,552,061	56.01
57.00	05700	CT SCAN	2,237,498		2,237,498	0	2,237,498	57.00
58.00	05800	MRI	694,230		694,230	0	694,230	58.00
60.00	06000	LABORATORY	13,314,744		13,314,744	0	13,314,744	60.00
65.00	06500	RESPIRATORY THERAPY	4,703,608	0	4,703,608	0	4,703,608	65.00
66.00	06600	PHYSICAL THERAPY	7,951,887	0	7,951,887	0	7,951,887	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,902,711	0	2,902,711	0	2,902,711	67.00
68.00	06800	SPEECH PATHOLOGY	1,045,885	0	1,045,885	0	1,045,885	68.00
69.00	06900	ELECTROCARDIOLOGY	4,021,871		4,021,871	0	4,021,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,738,537		1,738,537	0	1,738,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,063,727		19,063,727	0	19,063,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,661,953		21,661,953	0	21,661,953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,365,180		19,365,180	0	19,365,180	73.00
73.01	07301	DIABETES CENTER	643,882		643,882	0	643,882	73.01
74.00	07400	RENAL DIALYSIS	1,022,428		1,022,428	0	1,022,428	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	463,721		463,721	0	463,721	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,363,431		1,363,431	0	1,363,431	90.00
91.00	09100	EMERGENCY	17,108,017		17,108,017	0	17,108,017	91.00
91.01	04950	WOUND CARE	3,784,032		3,784,032	0	3,784,032	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,369,971		4,369,971	0	4,369,971	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,924,021		5,924,021	0	5,924,021	95.00
101.00	10100	HOME HEALTH AGENCY	6,150,455		6,150,455	0	6,150,455	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,683,197		4,683,197		4,683,197	116.00
200.00		Subtotal (see instructions)	254,453,485	0	254,453,485	0	254,453,485	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	254,453,485	0	254,453,485	0	254,453,485	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,294,494		55,294,494		30.00
31.00	03100	INTENSIVE CARE UNIT	16,515,160		16,515,160		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,995,022		13,995,022		35.00
41.00	04100	SUBPROVIDER - I RF	4,659,672		4,659,672		41.00
43.00	04300	NURSERY	3,512,425		3,512,425		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	79,041,968	81,129,479	160,171,447	0.112399	50.00
51.00	05100	RECOVERY ROOM	5,974,284	6,915,560	12,889,844	0.133071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,119,485	688,456	21,807,941	0.265954	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,705,203	64,919,136	79,624,339	0.175909	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	2,172,658	7,253,043	9,425,701	0.106112	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	15,474,635	17,366,733	32,841,368	0.108158	56.01
57.00	05700	CT SCAN	21,600,112	47,012,183	68,612,295	0.032611	57.00
58.00	05800	MRI	5,126,691	11,228,515	16,355,206	0.042447	58.00
60.00	06000	LABORATORY	54,101,867	72,037,591	126,139,458	0.105556	60.00
65.00	06500	RESPIRATORY THERAPY	10,658,674	1,631,778	12,290,452	0.382704	65.00
66.00	06600	PHYSICAL THERAPY	6,757,281	9,725,999	16,483,280	0.482421	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,746,890	3,496,664	10,243,554	0.283370	67.00
68.00	06800	SPEECH PATHOLOGY	1,255,874	992,293	2,248,167	0.465217	68.00
69.00	06900	ELECTROCARDIOLOGY	10,174,368	19,768,973	29,943,341	0.134316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	962,040	4,413,493	5,375,533	0.323417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,400,549	58,369,565	129,770,114	0.146904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,536,825	21,916,432	94,453,257	0.229340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,212,795	59,282,801	127,495,596	0.151889	73.00
73.01	07301	DIABETES CENTER	428	212,052	212,480	3.030318	73.01
74.00	07400	RENAL DIALYSIS	1,862,186	610,568	2,472,754	0.413477	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,544	928,882	933,426	0.496795	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	884,955	884,955	1.540678	90.00
91.00	09100	EMERGENCY	10,281,791	56,457,223	66,739,014	0.256342	91.00
91.01	04950	WOUND CARE	0	8,136,522	8,136,522	0.465068	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,257,896	7,989,420	11,247,316	0.388535	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	14,162,017	14,162,017	0.418303	95.00
101.00	10100	HOME HEALTH AGENCY	12,078	7,040,659	7,052,737		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	11,607,916	11,607,916		116.00
200.00		Subtotal (see instructions)	577,417,895	596,178,908	1,173,596,803		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	577,417,895	596,178,908	1,173,596,803		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.112399		50.00
51.00	05100 RECOVERY ROOM	0.133071		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265954		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175909		54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.106112		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03950 CARDIAC CATH LAB	0.108158		56.01
57.00	05700 CT SCAN	0.032611		57.00
58.00	05800 MRI	0.042447		58.00
60.00	06000 LABORATORY	0.105556		60.00
65.00	06500 RESPIRATORY THERAPY	0.382704		65.00
66.00	06600 PHYSICAL THERAPY	0.482421		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283370		67.00
68.00	06800 SPEECH PATHOLOGY	0.465217		68.00
69.00	06900 ELECTROCARDIOLOGY	0.134316		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.323417		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229340		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151889		73.00
73.01	07301 DIABETES CENTER	3.030318		73.01
74.00	07400 RENAL DIALYSIS	0.413477		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.496795		76.98
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	1.540678		90.00
91.00	09100 EMERGENCY	0.256342		91.00
91.01	04950 WOUND CARE	0.465068		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.388535		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.418303		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	48,191,041		48,191,041	0	48,191,041	30.00
31.00	03100	INTENSIVE CARE UNIT	8,449,327		8,449,327	0	8,449,327	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,282,387		4,282,387	0	4,282,387	35.00
41.00	04100	SUBPROVIDER - IRF	3,728,156		3,728,156	0	3,728,156	41.00
43.00	04300	NURSERY	1,040,954		1,040,954	0	1,040,954	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,003,167		18,003,167	0	18,003,167	50.00
51.00	05100	RECOVERY ROOM	1,715,268		1,715,268	0	1,715,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,799,913		5,799,913	0	5,799,913	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,006,670		14,006,670	0	14,006,670	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,000,184		1,000,184	0	1,000,184	55.00
56.00	05600	RADIOISOTOPE	469,371		469,371	0	469,371	56.00
56.01	03950	CARDIAC CATH LAB	3,552,061		3,552,061	0	3,552,061	56.01
57.00	05700	CT SCAN	2,237,498		2,237,498	0	2,237,498	57.00
58.00	05800	MRI	694,230		694,230	0	694,230	58.00
60.00	06000	LABORATORY	13,314,744		13,314,744	0	13,314,744	60.00
65.00	06500	RESPIRATORY THERAPY	4,703,608	0	4,703,608	0	4,703,608	65.00
66.00	06600	PHYSICAL THERAPY	7,951,887	0	7,951,887	0	7,951,887	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,902,711	0	2,902,711	0	2,902,711	67.00
68.00	06800	SPEECH PATHOLOGY	1,045,885	0	1,045,885	0	1,045,885	68.00
69.00	06900	ELECTROCARDIOLOGY	4,021,871		4,021,871	0	4,021,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,738,537		1,738,537	0	1,738,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,063,727		19,063,727	0	19,063,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,661,953		21,661,953	0	21,661,953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,365,180		19,365,180	0	19,365,180	73.00
73.01	07301	DIABETES CENTER	643,882		643,882	0	643,882	73.01
74.00	07400	RENAL DIALYSIS	1,022,428		1,022,428	0	1,022,428	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	463,721		463,721	0	463,721	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,363,431		1,363,431	0	1,363,431	90.00
91.00	09100	EMERGENCY	17,108,017		17,108,017	0	17,108,017	91.00
91.01	04950	WOUND CARE	3,784,032		3,784,032	0	3,784,032	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,369,971		4,369,971	0	4,369,971	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,924,021		5,924,021	0	5,924,021	95.00
101.00	10100	HOME HEALTH AGENCY	6,150,455		6,150,455	0	6,150,455	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,683,197		4,683,197	0	4,683,197	116.00
200.00		Subtotal (see instructions)	254,453,485	0	254,453,485	0	254,453,485	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	254,453,485	0	254,453,485	0	254,453,485	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	55,294,494		55,294,494		30.00
31.00	03100	INTENSIVE CARE UNIT	16,515,160		16,515,160		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,995,022		13,995,022		35.00
41.00	04100	SUBPROVIDER - I RF	4,659,672		4,659,672		41.00
43.00	04300	NURSERY	3,512,425		3,512,425		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	79,041,968	81,129,479	160,171,447	0.112399	50.00
51.00	05100	RECOVERY ROOM	5,974,284	6,915,560	12,889,844	0.133071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,119,485	688,456	21,807,941	0.265954	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,705,203	64,919,136	79,624,339	0.175909	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	2,172,658	7,253,043	9,425,701	0.106112	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	15,474,635	17,366,733	32,841,368	0.108158	56.01
57.00	05700	CT SCAN	21,600,112	47,012,183	68,612,295	0.032611	57.00
58.00	05800	MRI	5,126,691	11,228,515	16,355,206	0.042447	58.00
60.00	06000	LABORATORY	54,101,867	72,037,591	126,139,458	0.105556	60.00
65.00	06500	RESPIRATORY THERAPY	10,658,674	1,631,778	12,290,452	0.382704	65.00
66.00	06600	PHYSICAL THERAPY	6,757,281	9,725,999	16,483,280	0.482421	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,746,890	3,496,664	10,243,554	0.283370	67.00
68.00	06800	SPEECH PATHOLOGY	1,255,874	992,293	2,248,167	0.465217	68.00
69.00	06900	ELECTROCARDIOLOGY	10,174,368	19,768,973	29,943,341	0.134316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	962,040	4,413,493	5,375,533	0.323417	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,400,549	58,369,565	129,770,114	0.146904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,536,825	21,916,432	94,453,257	0.229340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,212,795	59,282,801	127,495,596	0.151889	73.00
73.01	07301	DIABETES CENTER	428	212,052	212,480	3.030318	73.01
74.00	07400	RENAL DIALYSIS	1,862,186	610,568	2,472,754	0.413477	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,544	928,882	933,426	0.496795	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	884,955	884,955	1.540678	90.00
91.00	09100	EMERGENCY	10,281,791	56,457,223	66,739,014	0.256342	91.00
91.01	04950	WOUND CARE	0	8,136,522	8,136,522	0.465068	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,257,896	7,989,420	11,247,316	0.388535	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	14,162,017	14,162,017	0.418303	95.00
101.00	10100	HOME HEALTH AGENCY	12,078	7,040,659	7,052,737		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	11,607,916	11,607,916		116.00
200.00		Subtotal (see instructions)	577,417,895	596,178,908	1,173,596,803		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	577,417,895	596,178,908	1,173,596,803		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03950	CARDIAC CATH LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	DIABETES CENTER	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04950	WOUND CARE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/31/2018 3:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,281,855	0	6,281,855	33,866	185.49	30.00
31.00	INTENSIVE CARE UNIT	782,286		782,286	4,461	175.36	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	446,011		446,011	2,851	156.44	35.00
41.00	SUBPROVIDER - IRF	697,072	0	697,072	2,887	241.45	41.00
43.00	NURSERY	25,025		25,025	3,530	7.09	43.00
200.00	Total (lines 30 through 199)	8,232,249		8,232,249	47,595		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,565	3,072,642				
31.00	INTENSIVE CARE UNIT	1,734	304,074				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,607	388,010				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,906	3,764,726				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/31/2018 3:53 pm
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,837,246	160,171,447	0.011470	34,383,101	394,374	50.00
51.00	05100 RECOVERY ROOM	203,357	12,889,844	0.015777	19,698	311	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	87,513	21,807,941	0.004013	23,556	95	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,380,823	79,624,339	0.017342	9,334,391	161,877	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	79,180	9,425,701	0.008400	0	0	55.00
56.00	05600 RADIOISOTOPE	20,000	0	0.000000	0	0	56.00
56.01	03950 CARDIAC CATH LAB	402,171	32,841,368	0.012246	8,028,761	98,320	56.01
57.00	05700 CT SCAN	236,201	68,612,295	0.003443	9,647,597	33,217	57.00
58.00	05800 MRI	66,672	16,355,206	0.004077	2,592,200	10,568	58.00
60.00	06000 LABORATORY	975,496	126,139,458	0.007733	27,697,032	214,181	60.00
65.00	06500 RESPIRATORY THERAPY	238,518	12,290,452	0.019407	5,428,655	105,354	65.00
66.00	06600 PHYSICAL THERAPY	697,787	16,483,280	0.042333	2,277,406	96,409	66.00
67.00	06700 OCCUPATIONAL THERAPY	309,958	10,243,554	0.030259	1,822,306	55,141	67.00
68.00	06800 SPEECH PATHOLOGY	157,705	2,248,167	0.070148	342,888	24,053	68.00
69.00	06900 ELECTROCARDIOLOGY	407,023	29,943,341	0.013593	7,160,959	97,339	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	233,873	5,375,533	0.043507	437,621	19,040	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	650,014	129,770,114	0.005009	30,465,711	152,603	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	727,573	94,453,257	0.007703	35,533,606	273,715	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	532,780	127,495,596	0.004179	32,376,416	135,301	73.00
73.01	07301 DIABETES CENTER	14,502	212,480	0.068251	0	0	73.01
74.00	07400 RENAL DIALYSIS	88,993	2,472,754	0.035989	1,362,583	49,038	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	161,412	933,426	0.172924	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	28,978	884,955	0.032745	0	0	90.00
91.00	09100 EMERGENCY	1,560,412	66,739,014	0.023381	8,528,230	199,399	91.00
91.01	04950 WOUND CARE	688,291	8,136,522	0.084593	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	356,212	11,247,316	0.031671	768,885	24,351	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	12,142,690	1,046,797,360		218,231,602	2,144,686	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/31/2018 3:53 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,036,992	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	5,036,992	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,036,992	33,866	148.73	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,461	0.00	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,851	0.00	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,887	0.00	41.00
43.00	04300	NURSERY	0	0	3,530	0.00	43.00
200.00		Total (lines 30 through 199)	0	5,036,992	47,595	19,906	200.00

Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		9.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,463,712
31.00	03100	INTENSIVE CARE UNIT	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0
41.00	04100	SUBPROVIDER - IRF	0
43.00	04300	NURSERY	0
200.00		Total (lines 30 through 199)	2,463,712

30.00	03000	ADULTS & PEDIATRICS	2,463,712	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	2,463,712	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	973,000	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	500,983	91.00
91.01	04950	WOUND CARE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	1,473,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	160,171,447	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,889,844	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,807,941	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,624,339	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	9,425,701	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	32,841,368	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	68,612,295	0.000000	57.00
58.00	05800	MRI	0	0	0	16,355,206	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	126,139,458	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,290,452	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,483,280	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,243,554	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,248,167	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,943,341	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,375,533	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	129,770,114	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,453,257	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	973,000	973,000	127,495,596	0.007632	73.00
73.01	07301	DIABETES CENTER	0	0	0	212,480	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,472,754	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	933,426	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	884,955	0.000000	90.00
91.00	09100	EMERGENCY	0	500,983	500,983	66,739,014	0.007507	91.00
91.01	04950	WOUND CARE	0	0	0	8,136,522	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	11,247,316	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,473,983	1,473,983	1,046,797,360		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
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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	34,383,101	0	17,839,451	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	19,698	0	2,283,112	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	23,556	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,334,391	0	10,003,129	0	54.00	
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000	0	0	2,295,986	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03950 CARDIAC CATH LAB	0.000000	8,028,761	0	9,417,643	0	56.01	
57.00	05700 CT SCAN	0.000000	9,647,597	0	14,272,888	0	57.00	
58.00	05800 MRI	0.000000	2,592,200	0	3,175,008	0	58.00	
60.00	06000 LABORATORY	0.000000	27,697,032	0	14,122,877	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	5,428,655	0	1,451,739	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,277,406	0	522,225	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,822,306	0	55,692	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	342,888	0	9,532	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,160,959	0	4,544,707	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	437,621	0	1,426,512	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	30,465,711	0	14,922,103	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	35,533,606	0	11,097,720	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.007632	32,376,416	247,097	22,768,434	173,769	73.00	
73.01	07301 DIABETES CENTER	0.000000	0	0	3,127	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,362,583	0	158,152	0	74.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	310,950	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.007507	8,528,230	64,021	5,219,435	39,182	91.00	
91.01	04950 WOUND CARE	0.000000	0	0	7,174,500	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	768,885	0	1,994,738	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		218,231,602	311,118	145,069,660	212,951	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0.112399	17,839,451	0	0	2,005,136	50.00
51.00 05100	RECOVERY ROOM	0.133071	2,283,112	0	0	303,816	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.265954	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.175909	10,003,129	0	0	1,759,640	54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	0.106112	2,295,986	0	0	243,632	55.00
56.00 05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01 03950	CARDIAC CATH LAB	0.108158	9,417,643	0	0	1,018,593	56.01
57.00 05700	CT SCAN	0.032611	14,272,888	0	0	465,453	57.00
58.00 05800	MRI	0.042447	3,175,008	0	0	134,770	58.00
60.00 06000	LABORATORY	0.105556	14,122,877	0	0	1,490,754	60.00
65.00 06500	RESPIRATORY THERAPY	0.382704	1,451,739	0	0	555,586	65.00
66.00 06600	PHYSICAL THERAPY	0.482421	522,225	0	0	251,932	66.00
67.00 06700	OCCUPATIONAL THERAPY	0.283370	55,692	0	0	15,781	67.00
68.00 06800	SPEECH PATHOLOGY	0.465217	9,532	0	0	4,434	68.00
69.00 06900	ELECTROCARDIOLOGY	0.134316	4,544,707	0	0	610,427	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.323417	1,426,512	0	0	461,358	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904	14,922,103	0	0	2,192,117	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.229340	11,097,720	0	0	2,545,151	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.151889	22,768,434	0	156,943	3,458,275	73.00
73.01 07301	DIABETES CENTER	3.030318	3,127	0	0	9,476	73.01
74.00 07400	RENAL DIALYSIS	0.413477	158,152	0	0	65,392	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0.496795	310,950	0	0	154,478	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	1.540678	0	0	0	0	90.00
91.00 09100	EMERGENCY	0.256342	5,219,435	0	0	1,337,960	91.00
91.01 04950	WOUND CARE	0.465068	7,174,500	0	0	3,336,630	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0.388535	1,994,738	0	0	775,026	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0.418303	0	0	0	0	95.00
200.00	Subtotal (see instructions)		145,069,660	0	156,943	23,195,817	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		145,069,660	0	156,943	23,195,817	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 3:53 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	23,838		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	23,838		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	23,838		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 3:53 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,837,246	160,171,447	0.011470	24,764	284	50.00
51.00	05100	RECOVERY ROOM	203,357	12,889,844	0.015777	4,544	72	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87,513	21,807,941	0.004013	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,380,823	79,624,339	0.017342	37,948	658	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	79,180	9,425,701	0.008400	5,199	44	55.00
56.00	05600	RADIOISOTOPE	20,000	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	402,171	32,841,368	0.012246	0	0	56.01
57.00	05700	CT SCAN	236,201	68,612,295	0.003443	53,026	183	57.00
58.00	05800	MRI	66,672	16,355,206	0.004077	4,367	18	58.00
60.00	06000	LABORATORY	975,496	126,139,458	0.007733	451,461	3,491	60.00
65.00	06500	RESPIRATORY THERAPY	238,518	12,290,452	0.019407	109,956	2,134	65.00
66.00	06600	PHYSICAL THERAPY	697,787	16,483,280	0.042333	1,176,374	49,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	309,958	10,243,554	0.030259	1,197,756	36,243	67.00
68.00	06800	SPEECH PATHOLOGY	157,705	2,248,167	0.070148	275,454	19,323	68.00
69.00	06900	ELECTROCARDIOLOGY	407,023	29,943,341	0.013593	7,115	97	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	233,873	5,375,533	0.043507	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	650,014	129,770,114	0.005009	275,870	1,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	727,573	94,453,257	0.007703	13,700	106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	532,780	127,495,596	0.004179	429,519	1,795	73.00
73.01	07301	DIABETES CENTER	14,502	212,480	0.068251	0	0	73.01
74.00	07400	RENAL DIALYSIS	88,993	2,472,754	0.035989	28,348	1,020	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	161,412	933,426	0.172924	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	28,978	884,955	0.032745	0	0	90.00
91.00	09100	EMERGENCY	1,560,412	66,739,014	0.023381	8,706	204	91.00
91.01	04950	WOUND CARE	688,291	8,136,522	0.084593	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	356,212	11,247,316	0.031671	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,142,690	1,046,797,360		4,104,107	116,853	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	973,000	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	500,983	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,473,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	160,171,447	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,889,844	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,807,941	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,624,339	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	9,425,701	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	32,841,368	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	68,612,295	0.000000	57.00
58.00	05800	MRI	0	0	0	16,355,206	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	126,139,458	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,290,452	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,483,280	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,243,554	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,248,167	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,943,341	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,375,533	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	129,770,114	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	94,453,257	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	973,000	973,000	127,495,596	0.007632	73.00
73.01	07301	DIABETES CENTER	0	0	0	212,480	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,472,754	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	933,426	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	884,955	0.000000	90.00
91.00	09100	EMERGENCY	0	500,983	500,983	66,739,014	0.007507	91.00
91.01	04950	WOUND CARE	0	0	0	8,136,522	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	11,247,316	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,473,983	1,473,983	1,046,797,360		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 3:53 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	24,764	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	4,544	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	37,948	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000	5,199	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	53,026	0	0	0	57.00
58.00	05800 MRI	0.000000	4,367	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	451,461	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	109,956	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,176,374	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,197,756	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	275,454	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,115	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	275,870	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,700	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.007632	429,519	3,278	0	0	73.00
73.01	07301 DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	28,348	0	0	0	74.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.007507	8,706	65	0	0	91.00
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		4,104,107	3,343	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2018 3:53 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,866	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,866	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)		33,866	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)		16,565	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,191,041	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)		48,191,041	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,191,041	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,422.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,571,829	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)		23,571,829	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
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	8,449,327	4,461	1,894.04	1,734	3,284,265		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,282,387	2,851	1,502.06	0	0		47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					35,278,345		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,134,439		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,840,428		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,455,804		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,296,232		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,838,207		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: 15-0109		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,281,855	48,191,041	0.130353	0	0	90.00
91.00	Nursing School cost	5,036,992	48,191,041	0.104521	0	0	91.00
92.00	Allied health cost	0	48,191,041	0.000000	0	0	92.00
93.00	All other Medical Education	0	48,191,041	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,887	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,887	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)		2,887	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,607	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,728,156	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)		3,728,156	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,728,156	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,291.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,075,216	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)		2,075,216	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 15-T109		Date/Time Prepared: 5/31/2018 3:53 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,261,142	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,336,358	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					388,010	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					120,196	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					508,206	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,828,152	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 15-0109 Component CCN: 15-T109		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	697,072	3,728,156	0.186975	0	0	90.00
91.00	Nursing School cost	0	3,728,156	0.000000	0	0	91.00
92.00	Allied health cost	0	3,728,156	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,728,156	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		34,808,325	30.00
31.00	03100	INTENSIVE CARE UNIT		8,810,648	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.112399	34,383,101	50.00
51.00	05100	RECOVERY ROOM	0.133071	19,698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265954	23,556	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175909	9,334,391	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.106112	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.108158	8,028,761	56.01
57.00	05700	CT SCAN	0.032611	9,647,597	57.00
58.00	05800	MRI	0.042447	2,592,200	58.00
60.00	06000	LABORATORY	0.105556	27,697,032	60.00
65.00	06500	RESPIRATORY THERAPY	0.382704	5,428,655	65.00
66.00	06600	PHYSICAL THERAPY	0.482421	2,277,406	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283370	1,822,306	67.00
68.00	06800	SPEECH PATHOLOGY	0.465217	342,888	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134316	7,160,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.323417	437,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904	30,465,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229340	35,533,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151889	32,376,416	73.00
73.01	07301	DIABETES CENTER	3.030318	0	73.01
74.00	07400	RENAL DIALYSIS	0.413477	1,362,583	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.496795	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.540678	0	90.00
91.00	09100	EMERGENCY	0.256342	8,528,230	91.00
91.01	04950	WOUND CARE	0.465068	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.388535	768,885	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		218,231,602	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)		218,231,602	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		2,594,996		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.112399	24,764	2,783	50.00
51.00	05100 RECOVERY ROOM	0.133071	4,544	605	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265954	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175909	37,948	6,675	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.106112	5,199	552	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.108158	0	0	56.01
57.00	05700 CT SCAN	0.032611	53,026	1,729	57.00
58.00	05800 MRI	0.042447	4,367	185	58.00
60.00	06000 LABORATORY	0.105556	451,461	47,654	60.00
65.00	06500 RESPIRATORY THERAPY	0.382704	109,956	42,081	65.00
66.00	06600 PHYSICAL THERAPY	0.482421	1,176,374	567,508	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.283370	1,197,756	339,408	67.00
68.00	06800 SPEECH PATHOLOGY	0.465217	275,454	128,146	68.00
69.00	06900 ELECTROCARDIOLOGY	0.134316	7,115	956	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.323417	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904	275,870	40,526	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229340	13,700	3,142	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151889	429,519	65,239	73.00
73.01	07301 DIABETES CENTER	3.030318	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.413477	28,348	11,721	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.496795	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.540678	0	0	90.00
91.00	09100 EMERGENCY	0.256342	8,706	2,232	91.00
91.01	04950 WOUND CARE	0.465068	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.388535	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,104,107	1,261,142	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)		4,104,107		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 3:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,358,984	30.00
31.00	03100	INTENSIVE CARE UNIT		2,633,012	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		9,023,029	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.112399	3,292,669	370,093 50.00
51.00	05100	RECOVERY ROOM	0.133071	317,691	42,275 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265954	1,779,262	473,202 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175909	1,164,648	204,872 54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.106112	362,274	38,442 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	03950	CARDIAC CATH LAB	0.108158	62,585	6,769 56.01
57.00	05700	CT SCAN	0.032611	11,891,210	387,784 57.00
58.00	05800	MRI	0.042447	2,137,034	90,711 58.00
60.00	06000	LABORATORY	0.105556	1,135,105	119,817 60.00
65.00	06500	RESPIRATORY THERAPY	0.382704	2,079,392	795,792 65.00
66.00	06600	PHYSICAL THERAPY	0.482421	406,783	196,241 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283370	720,123	204,061 67.00
68.00	06800	SPEECH PATHOLOGY	0.465217	582,374	270,930 68.00
69.00	06900	ELECTROCARDIOLOGY	0.134316	1,968,571	264,411 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.323417	85,860	27,769 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904	10,163,241	1,493,021 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229340	418,069	95,880 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151889	8,226,616	1,249,532 73.00
73.01	07301	DIABETES CENTER	3.030318	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.413477	309,817	128,102 74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.496795	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.540678	0	0 90.00
91.00	09100	EMERGENCY	0.256342	111,620	28,613 91.00
91.01	04950	WOUND CARE	0.465068	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.388535	4,820	1,873 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,219,764	6,490,190 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		47,219,764	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		439,761	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.112399	0	50.00
51.00	05100	RECOVERY ROOM	0.133071	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265954	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175909	5,199	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.106112	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.108158	0	56.01
57.00	05700	CT SCAN	0.032611	8,279	57.00
58.00	05800	MRI	0.042447	0	58.00
60.00	06000	LABORATORY	0.105556	69,016	60.00
65.00	06500	RESPIRATORY THERAPY	0.382704	19,835	65.00
66.00	06600	PHYSICAL THERAPY	0.482421	213,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.283370	206,372	67.00
68.00	06800	SPEECH PATHOLOGY	0.465217	55,158	68.00
69.00	06900	ELECTROCARDIOLOGY	0.134316	314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.323417	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.146904	38,724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229340	490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151889	121,662	73.00
73.01	07301	DIABETES CENTER	3.030318	0	73.01
74.00	07400	RENAL DIALYSIS	0.413477	1,492	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.496795	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.540678	0	90.00
91.00	09100	EMERGENCY	0.256342	0	91.00
91.01	04950	WOUND CARE	0.465068	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.388535	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		739,567	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)		739,567	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		31,810,723	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,552,673	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)		1,591,654	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		9,313,102	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		168.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.61	31.00
32.00	Sum of lines 30 and 31		27.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.30	33.00
34.00	Disproportionate share adjustment (see instructions)		1,408,584	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000314880	0.000312205	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,882,189	2,112,594	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,407,774	532,490	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,940,264		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	47,303,898		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		47,303,898	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,894,243	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		825,525	53.00
54.00	Special add-on payments for new technologies		0	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).		2,463,712	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		311,118	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,798,496	59.00
60.00	Primary payer payments		7,889	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,790,607	61.00
62.00	Deductibles billed to program beneficiaries		4,097,828	62.00
63.00	Coinurance billed to program beneficiaries		110,215	63.00
64.00	Allowable bad debts (see instructions)		465,910	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		302,842	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		167,540	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,885,406	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	NEW TECHNOLOGY		8,286	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)		-8,261	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			50,885,431	71.00
71.01	Sequestration adjustment (see instructions)			1,017,709	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			50,245,545	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)			-377,823	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		23,838	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,982,866	2.00
3.00	OPPS payments		20,396,484	3.00
4.00	Outlier payment (see instructions)		200,311	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		212,951	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,838	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		156,943	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)		156,943	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		156,943	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		133,105	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)		23,838	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)		20,809,746	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		3,688,472	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)		17,145,112	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)		17,145,112	30.00
31.00	Primary payer payments		7,317	31.00
32.00	Subtotal (line 30 minus line 31)		17,137,795	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		641,944	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		417,264	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		399,218	36.00
37.00	Subtotal (see instructions)		17,555,059	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	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)		17,555,059	40.00
40.01	Sequestration adjustment (see instructions)		351,101	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,262,539	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-58,581	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0109

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		49,814,145		17,262,539	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	07/31/2017	431,400		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)		431,400		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)		50,245,545		17,262,539	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		377,823		58,581	6.02	
7.00	Total Medicare program liability (see instructions)		49,867,722		17,203,958	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: 15-0109  
Component CCN: 15-T109

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,729,925			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,729,925			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		16,968			0 6.02
7.00	Total Medicare program liability (see instructions)		2,712,957			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,466,812 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0231 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			83,132 3.00
4.00	Outlier Payments			237,051 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.909589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,786,995 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,786,995 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,786,995 19.00
20.00	Deductibles			11,816 20.00
21.00	Subtotal (line 19 minus line 20)			2,775,179 21.00
22.00	Coinsurance			10,199 22.00
23.00	Subtotal (line 21 minus line 22)			2,764,980 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,764,980 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,343 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,768,323 32.00
32.01	Sequestration adjustment (see instructions)			55,366 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,729,925 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-16,968 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			237,051 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: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		47,219,764	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)		47,219,764	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		47,219,764	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		47,219,764	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2018 3:53 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		739,567	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)		739,567	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		739,567	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		739,567	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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

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

Provider CCN: 15-0109

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

Worksheet G

Date/Time Prepared:  
5/31/2018 3:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-103,113	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	45,572,379	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,604,246	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	17,586,835	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)	68,660,347	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	12,785,293	0	0	0	12.00
13.00	Land improvements	3,246,587	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	299,700,853	0	0	0	15.00
16.00	Accumulated depreciation	-140,698,210	0	0	0	16.00
17.00	Leasehold improvements	2,811,902	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	77,253,643	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	255,100,068	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,122,929	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	24,475,001	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	30,597,930	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	354,358,345	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	21,403,295	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,769,926	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,283,964	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,457,185	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	590,967	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	590,967	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,048,152	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	319,310,193				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)	319,310,193	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	354,358,345	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:  
5/31/2018 3:53 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		279,136,189		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		39,043,486			2.00
3.00	Total (sum of line 1 and line 2)		318,179,675		0	3.00
4.00	ADJUST TO AFS	1,130,518		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,130,518		0	10.00
11.00	Subtotal (line 3 plus line 10)		319,310,193		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)		319,310,193		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	ADJUST TO AFS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0109

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	70,255,278		70,255,278	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,680,225		4,680,225	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,935,503		74,935,503	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,860,366		16,860,366	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	13,995,022		13,995,022	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,855,388		30,855,388	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,790,891		105,790,891	17.00
18.00	Ancillary services	454,245,588	483,072,787	937,318,375	18.00
19.00	Outpatient services	17,061,279	79,938,589	96,999,868	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		7,685,337	7,685,337	22.00
23.00	AMBULANCE SERVICES	0	14,162,017	14,162,017	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	11,607,916	11,607,916	26.00
27.00	OTHER REVENUE	13,208	11,505,073	11,518,281	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	577,110,966	607,971,719	1,185,082,685	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		303,367,094		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		303,367,094		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:  
5/31/2018 3:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,185,082,685	1.00
2.00	Less contractual allowances and discounts on patients' accounts	857,162,569	2.00
3.00	Net patient revenues (line 1 minus line 2)	327,920,116	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	303,367,094	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,553,022	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	14,490,464	24.00
25.00	Total other income (sum of lines 6-24)	14,490,464	25.00
26.00	Total (line 5 plus line 25)	39,043,486	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,043,486	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

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

Worksheet H

HHA CCN: 15-7124

Date/Time Prepared: 5/31/2018 3:53 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	551,224	0	7,100	128,976	77,791	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	605,781	0	48,800	140,097	0	6.00
7.00	Physical Therapy	384,522	0	29,246	186,082	0	7.00
8.00	Occupational Therapy	100,653	0	2,931	0	0	8.00
9.00	Speech Pathology	20,378	0	2,298	0	0	9.00
10.00	Medical Social Services	335	0	32	0	0	10.00
11.00	Home Health Aide	51,783	0	27,128	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	57,905	12.00
13.00	Drugs	1,962	0	195	0	117,549	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	752,636	74	12,565	134,994	396,454	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,469,274	74	130,295	590,149	649,699	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	765,091	-1,040	764,051		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	794,678	0	794,678		6.00
7.00	Physical Therapy	0	599,850	0	599,850		7.00
8.00	Occupational Therapy	0	103,584	0	103,584		8.00
9.00	Speech Pathology	0	22,676	0	22,676		9.00
10.00	Medical Social Services	0	367	0	367		10.00
11.00	Home Health Aide	0	78,911	0	78,911		11.00
12.00	Supplies (see instructions)	0	57,905	0	57,905		12.00
13.00	Drugs	0	119,706	0	119,706		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	1,296,723	0	1,296,723		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	3,839,491	-1,040	3,838,451		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2017 To 12/31/2017		Worksheet H-1 Part I Date/Time Prepared: 5/31/2018 3:53 pm	
				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				
<b>GENERAL SERVICE COST CENTERS</b>							
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	764,051	0	0	0	764,051	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	794,678	0	0	0	794,678	6.00
7.00	Physical Therapy	599,850	0	0	0	599,850	7.00
8.00	Occupational Therapy	103,584	0	0	0	103,584	8.00
9.00	Speech Pathology	22,676	0	0	0	22,676	9.00
10.00	Medical Social Services	367	0	0	0	367	10.00
11.00	Home Health Aide	78,911	0	0	0	78,911	11.00
12.00	Supplies (see instructions)	57,905	0	0	0	57,905	12.00
13.00	Drugs	119,706	0	0	0	119,706	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	1,296,723	0	0	0	1,296,723	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,838,451	0	0	0	3,838,451	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	764,051					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	197,493	992,171				6.00
7.00	Physical Therapy	149,075	748,925				7.00
8.00	Occupational Therapy	25,743	129,327				8.00
9.00	Speech Pathology	5,635	28,311				9.00
10.00	Medical Social Services	91	458				10.00
11.00	Home Health Aide	19,611	98,522				11.00
12.00	Supplies (see instructions)	14,391	72,296				12.00
13.00	Drugs	29,749	149,455				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	322,263	1,618,986				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,838,451				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 15-7124

To 12/31/2017

Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

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	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					
<b>GENERAL SERVICE COST CENTERS</b>							
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	-764,051	3,074,400
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	794,678
7.00	Physical Therapy	0	0	0	0	0	599,850
8.00	Occupational Therapy	0	0	0	0	0	103,584
9.00	Speech Pathology	0	0	0	0	0	22,676
10.00	Medical Social Services	0	0	0	0	0	367
11.00	Home Health Aide	0	0	0	0	0	78,911
12.00	Supplies (see instructions)	0	0	0	0	0	57,905
13.00	Drugs	0	0	0	0	0	119,706
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	1,296,723
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-764,051	3,074,400
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	764,051
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.248520

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

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

Worksheet H-2 Part I

HHA CCN: 15-7124

Date/Time Prepared: 5/31/2018 3:53 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	961,034	0	426,146	1.00
2.00 Skilled Nursing Care	992,171	0	0	0	0	0	2.00
3.00 Physical Therapy	748,925	0	0	0	0	0	3.00
4.00 Occupational Therapy	129,327	0	0	0	0	0	4.00
5.00 Speech Pathology	28,311	0	0	0	0	0	5.00
6.00 Medical Social Services	458	0	0	0	0	0	6.00
7.00 Home Health Aide	98,522	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	72,296	0	0	0	0	0	8.00
9.00 Drugs	149,455	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)	1,618,986	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)	3,838,451	0	0	961,034	0	426,146	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	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	5,816	599	34,770	1,428,365	144,242	0	1.00
2.00 Skilled Nursing Care	0	0	0	992,171	100,193	0	2.00
3.00 Physical Therapy	0	0	0	748,925	75,629	0	3.00
4.00 Occupational Therapy	0	0	0	129,327	13,060	0	4.00
5.00 Speech Pathology	0	0	0	28,311	2,859	0	5.00
6.00 Medical Social Services	0	0	0	458	46	0	6.00
7.00 Home Health Aide	0	0	0	98,522	9,949	0	7.00
8.00 Supplies (see instructions)	0	0	0	72,296	7,301	0	8.00
9.00 Drugs	0	0	0	149,455	15,093	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	1,618,986	163,492	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	5,816	599	34,770	5,266,816	531,864	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.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2017

Part I  
Date/Time Prepared: 5/31/2018 3:53 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	124,247	208,895	4,654	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	124,247	208,895	4,654	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	13,979	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	13,979	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: 15-0109

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2017

Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

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	1,924,382	0	1,924,382				1.00
2.00 Skilled Nursing Care	1,092,364	0	1,092,364	497,418	1,589,782		2.00
3.00 Physical Therapy	824,554	0	824,554	375,468	1,200,022		3.00
4.00 Occupational Therapy	142,387	0	142,387	64,837	207,224		4.00
5.00 Speech Pathology	31,170	0	31,170	14,194	45,364		5.00
6.00 Medical Social Services	504	0	504	230	734		6.00
7.00 Home Health Aide	108,471	0	108,471	49,393	157,864		7.00
8.00 Supplies (see instructions)	79,597	0	79,597	36,245	115,842		8.00
9.00 Drugs	164,548	0	164,548	74,928	239,476		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)	1,782,478	0	1,782,478	811,669	2,594,147		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	6,150,455	0	6,150,455	1,924,382	6,150,455		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.				0.455359			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: 15-0109  
HHA CCN: 15-7124

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/31/2018 3:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	2,469,274	0	73,851	95,059	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	2,469,274	0	73,851	95,059	20.00
21.00	Total cost to be allocated	0	0	961,034	0	426,146	5,816	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.389197	0.000000	5.770348	0.061183	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5.05	5A.06	5.06	7.00	8.00	
1.00	Administrative and General	7,052,737	7,052,737	0	1,428,365	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	992,171	0	0	2.00
3.00	Physical Therapy	0	0	0	748,925	0	0	3.00
4.00	Occupational Therapy	0	0	0	129,327	0	0	4.00
5.00	Speech Pathology	0	0	0	28,311	0	0	5.00
6.00	Medical Social Services	0	0	0	458	0	0	6.00
7.00	Home Health Aide	0	0	0	98,522	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	72,296	0	0	8.00
9.00	Drugs	0	0	0	149,455	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	1,618,986	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	7,052,737	7,052,737		5,266,816	0	0	20.00
21.00	Total cost to be allocated	599	34,770		531,864	0	0	21.00
22.00	Unit cost multiplier	0.000085	0.004930		0.100984	0.000000	0.000000	22.00



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2017 To 12/31/2017		Worksheet H-2 Part II Date/Time Prepared: 5/31/2018 3:53 pm PPS		
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICE & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	73,851	73,851	95,059	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	73,851	73,851	95,059	0	20.00
21.00	Total cost to be allocated	0	0	124,247	208,895	4,654	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.682401	2.828601	0.048959	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
		16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	7,052,737	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)	7,052,737	0	0	0	0	0	20.00
21.00	Total cost to be allocated	13,979	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.001982	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/31/2018 3:53 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,589,782		1,589,782	5,584	284.70	1.00	
2.00	Physical Therapy	3.00	1,200,022	0	1,200,022	3,739	320.95	2.00	
3.00	Occupational Therapy	4.00	207,224	0	207,224	991	209.11	3.00	
4.00	Speech Pathology	5.00	45,364	0	45,364	131	346.29	4.00	
5.00	Medical Social Services	6.00	734		734	103	7.13	5.00	
6.00	Home Health Aide	7.00	157,864		157,864	1,001	157.71	6.00	
7.00	Total (sum of lines 1-6)		3,200,990	0	3,200,990	11,549		7.00	
				Program Visits					
				Part B					
				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		23844	0	1			8.00	
8.01	Skilled Nursing Care		26900	0	17			8.01	
8.02	Skilled Nursing Care		29200	0	1,648			8.02	
8.03	Skilled Nursing Care		99915	0	1,844			8.03	
9.00	Physical Therapy		23844	0	0			9.00	
9.01	Physical Therapy		26900	0	9			9.01	
9.02	Physical Therapy		29200	0	1,263			9.02	
9.03	Physical Therapy		99915	0	1,006			9.03	
10.00	Occupational Therapy		23844	0	0			10.00	
10.01	Occupational Therapy		26900	0	5			10.01	
10.02	Occupational Therapy		29200	0	376			10.02	
10.03	Occupational Therapy		99915	0	260			10.03	
11.00	Speech Pathology		23844	0	0			11.00	
11.01	Speech Pathology		26900	0	0			11.01	
11.02	Speech Pathology		29200	0	73			11.02	
11.03	Speech Pathology		99915	0	35			11.03	
12.00	Medical Social Services		23844	0	0			12.00	
12.01	Medical Social Services		26900	0	0			12.01	
12.02	Medical Social Services		29200	0	30			12.02	
12.03	Medical Social Services		99915	0	30			12.03	
13.00	Home Health Aide		23844	0	0			13.00	
13.01	Home Health Aide		26900	0	18			13.01	
13.02	Home Health Aide		29200	0	339			13.02	
13.03	Home Health Aide		99915	0	418			13.03	
14.00	Total (sum of lines 8-13)			0	7,372			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	115,842	0	115,842	139,937	0.827815	15.00	
16.00	Cost of Drugs	9.00	239,476	0	239,476	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/31/2018 3:53 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			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			
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	3,510		0	999,297		1.00	
2.00	Physical Therapy	0	2,278		0	731,124		2.00	
3.00	Occupational Therapy	0	641		0	134,040		3.00	
4.00	Speech Pathology	0	108		0	37,399		4.00	
5.00	Medical Social Services	0	60		0	428		5.00	
6.00	Home Health Aide	0	775		0	122,225		6.00	
7.00	Total (sum of lines 1-6)	0	7,372		0	2,024,513		7.00	
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	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Program Covered Charges									
Cost Center Description	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	102,918	0	0	85,197	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	999,297		1.00
2.00	Physical Therapy	731,124		2.00
3.00	Occupational Therapy	134,040		3.00
4.00	Speech Pathology	37,399		4.00
5.00	Medical Social Services	428		5.00
6.00	Home Health Aide	122,225		6.00
7.00	Total (sum of lines 1-6)	2,024,513		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
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part II Date/Time Prepared: 5/31/2018 3:53 pm	
			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	0.482421	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.283370	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.465217	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.146904	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.151889	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	3.030318	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2018 3:53 pm	
		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	
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,229,702	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	69,755	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	24,996	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	11,650	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	15,694	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,234	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,353,031	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,353,031	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,353,031	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,353,031	29.00
30.00	OTHER		0	573	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,353,604	31.00
31.01	Sequestration adjustment (see instructions)		0	27,050	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,325,409	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	1,145	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 15-0109

HHA CCN: 15-7124

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

Home Health Agency I

Worksheet H-5

Date/Time Prepared: 5/31/2018 3:53 pm

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,325,409	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		1,325,409	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		1,145	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,326,554	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		750	750	0	750
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	579,112	44,657	623,769	0	623,769
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	39,971	0	39,971	0	39,971
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,270	4,270	0	4,270
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	39,465	0	39,465	0	39,465
14.00	PHARMACY*	0	317	317	0	317
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	105,593	105,593	0	105,593
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	497,605	0	497,605	0	497,605
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	185	0	185	0	185
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	103,991	0	103,991	0	103,991
34.00	SPIRITUAL COUNSELING**	79,901	0	79,901	0	79,901
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	100,590	0	100,590	0	100,590
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	178,411	178,411	0	178,411
39.00	PATIENT TRANSPORTATION**	0	4,846	4,846	0	4,846
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	38,837	38,837	0	38,837
42.50	DRUGS CHARGED TO PATIENTS**	0	326,247	326,247	0	326,247
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	22,284	722,144	744,428	0	744,428
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,463,104	1,426,072	2,889,176	0	2,889,176

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

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



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	750	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-491	623,278	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	39,971	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,270	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	39,465	13.00
14.00	PHARMACY*	0	317	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	105,593	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	497,605	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	185	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	103,991	33.00
34.00	SPIRITUAL COUNSELING**	0	79,901	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	100,590	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	178,411	38.00
39.00	PATIENT TRANSPORTATION**	0	4,846	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	38,837	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	326,247	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	744,428	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-491	2,888,685	100.00

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

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

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,526	0	1,526	0	1,526	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9	9	0	9	46.00
100.00	TOTAL *	1,526	9	1,535	0	1,535	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,526	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9	46.00
100.00	TOTAL *	0	1,535	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 15-0109

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

Worksheet 0-2

Hospice CCN: 15-1563

Date/Time Prepared: 5/31/2018 3:53 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	493,301	0	493,301	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	185	0	185	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	103,919	0	103,919	0	33.00
34.00	SPIRITUAL COUNSELING	79,740	0	79,740	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	100,590	0	100,590	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	178,411	178,411	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,578	3,578	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	38,837	38,837	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	326,247	326,247	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	22,168	706,464	728,632	0	46.00
100.00	TOTAL *	799,903	1,253,537	2,053,440	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	0	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	33.00
34.00	SPIRITUAL COUNSELING	0	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46.00
100.00	TOTAL *	0	100.00

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



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/31/2018 3:53 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,778	0	1,778	0	1,778	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	72	0	72	0	72	33.00
34.00	SPIRITUAL COUNSELING	68	0	68	0	68	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,268	1,268	0	1,268	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	13,056	13,056	0	13,056	46.00
100.00	TOTAL *	1,918	14,324	16,242	0	16,242	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,778	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	72	33.00
34.00	SPIRITUAL COUNSELING	0	68	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,268	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	13,056	46.00
100.00	TOTAL *	0	16,242	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	750	108,869	109,619	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	29,404	29,404	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	569,436	569,436	3.00
4.00	ADMINISTRATIVE & GENERAL	623,278	775,097	1,398,375	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	120,163	120,163	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	45,009	45,009	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	39,971	121,417	161,388	9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,270	2,110	6,380	10.00
11.00	MEDICAL RECORDS	0	23,007	23,007	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	39,465	0	39,465	13.00
14.00	PHARMACY	317	0	317	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	105,593	0	105,593	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	1,535	0	1,535	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,053,440	0	2,053,440	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	3,824	0	3,824	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	16,242	0	16,242	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,888,685	1,794,512	4,683,197	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIX	109,619	109,619			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,404		29,404		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	569,436	0	0	569,436	3.00
4.00	ADMINISTRATIVE & GENERAL	1,398,375	0	0	0	1,398,375
5.00	PLANT OPERATION & MAINTENANCE	120,163	0	0	0	120,163
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	45,009	0	0	0	45,009
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	161,388	0	0	0	161,388
10.00	ROUTINE MEDICAL SUPPLIES	6,380	0	0	0	6,380
11.00	MEDICAL RECORDS	23,007	0	0	0	23,007
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	39,465	0	0	0	39,465
14.00	PHARMACY	317	0	0	0	317
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	105,593	0	0	0	105,593
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	1,535			0	1,535
51.00	HOSPICE ROUTINE HOME CARE	2,053,440			0	2,053,440
52.00	HOSPICE INPATIENT RESPIRE CARE	3,824	0	0	0	3,824
53.00	HOSPICE GENERAL INPATIENT CARE	16,242	109,619	29,404	569,436	724,701
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	4,683,197	109,619	29,404	569,436	4,683,197

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	1,398,375					4.00
5.00	51,154	171,317				5.00
6.00	0	0	0			6.00
7.00	19,161	0		64,170		7.00
8.00	0	0		0	0	8.00
9.00	68,704	0		0		9.00
10.00	2,716	0		0		10.00
11.00	9,794	0		0		11.00
12.00	0	0		0		12.00
13.00	16,801	0		0		13.00
14.00	135	0		0		14.00
15.00	44,952	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00	653					50.00
51.00	874,166					51.00
52.00	1,628	0	0	0	0	52.00
53.00	308,511	171,317	0	64,170	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,398,375	171,317	0	64,170	0	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	230,092					9.00
10.00	0	9,096				10.00
11.00	0		32,801			11.00
12.00	0			0		12.00
13.00	0			0	56,266	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
<b>LEVEL OF CARE</b>						
50.00	0	1	3	0	6	50.00
51.00	0	9,058	32,664	0	56,032	51.00
52.00	0	25	92	0	157	52.00
53.00	230,092	12	42	0	71	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	230,092	9,096	32,801	0	56,266	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part I  
Date/Time Prepared:  
5/31/2018 3:53 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	452					14.00
15.00	0	150,545				15.00
16.00	0		0			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	15	0		2,213	50.00
51.00	450	149,919	0		3,175,729	51.00
52.00	1	420	0	0	6,147	52.00
53.00	1	191	0	0	1,499,108	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	452	150,545	0	0	4,683,197	100.00

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	3,809					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,809				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,463,104			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,398,375	3,284,822	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	120,163	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	45,009	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	161,388	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	6,380	10.00
11.00	MEDICAL RECORDS	0	0	0	0	23,007	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	39,465	13.00
14.00	PHARMACY	0	0	0	0	317	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	105,593	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	1,535	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	2,053,440	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	3,824	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,809	3,809	1,463,104	0	724,701	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	109,619	29,404	569,436		1,398,375	100.00
101.00	UNIT COST MULTIPLIER	28.778945	7.719611	0.389197		0.425708	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,809					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,809			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		42,925	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,809	0	3,809	0	42,925	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	171,317	0	64,170	0	230,092	100.00
101.00	UNIT COST MULTIPLIER	44.976897	0.000000	16.846941	0.000000	5.360326	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,706					10.00
11.00	MEDICAL RECORDS		19,706				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	19,706		13.00
14.00	PHARMACY			0	0	19,706	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	2	2	0	2	2	50.00
51.00	HOSPICE ROUTINE HOME CARE	19,624	19,624	0	19,624	19,624	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	55	55	0	55	55	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	25	25	0	25	25	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	9,096	32,801	0	56,266	452	100.00
101.00	UNIT COST MULTIPLIER	0.461585	1.664518	0.000000	2.855273	0.022937	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2017

Part II  
Date/Time Prepared:  
5/31/2018 3:53 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	19,706				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	2	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	19,624	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	55	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	25	0	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	150,545	0	0		100.00
101.00	UNIT COST MULTIPLIER	7.639551	0.000000	0.000000		101.00

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

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.482421	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.283370	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.465217	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.151889	0	0	0	4.00
4.01	DIABETES CENTER	73.01	3.030318	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.105556	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.146904	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.106112	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.496795	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2017

Date/Time Prepared: 5/31/2018 3:53 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			2,213	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			2	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			1,106.50	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,175,729	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			19,624	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			161.83	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	18,787	0		9.00
10.00	Program cost (line 8 times line 9)	3,040,300	0		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			6,147	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			55	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			111.76	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	39	0		14.00
15.00	Program cost (line 13 times line 14)	4,359	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,499,108	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			25	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			59,964.32	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	19	0		19.00
20.00	Program cost (line 18 times line 19)	1,139,322	0		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			4,683,197	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			19,706	22.00
23.00	Average cost per diem (line 21 divided by line 22)			237.65	23.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/31/2018 3:53 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,430,648	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		264,274	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)		114.17	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.29	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.61	8.00
9.00	Sum of lines 7 and 8		27.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.81	10.00
11.00	Disproportionate share adjustment (see instructions)		199,321	11.00
12.00	Total prospective capital payments (see instructions)		3,894,243	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00