

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: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 11:59 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/29/2018 Time: 11:59 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL ( 15-0173 ) 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)

\_\_\_\_\_  
 CHIEF FINANCIAL OFFICER  
 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	380,204	209,305	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	380,204	209,305	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/25/2018 10:19 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6165 MCCARTY LANE		PO Box:						1.00		
2.00	City: LAFAYETTE		State: IN		Zip Code: 47905		County: TIPPECANOE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00		
21.00	Type of Control (see instructions)					4			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.	943	461	12	38	7,304	30		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/25/2018 10:19 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			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.					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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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

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

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				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06	
<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.					109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/25/2018 10:19 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	729,194	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/25/2018 10:19 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	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
		Beginning	Ending				
		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)			04/01/2017	06/30/2017	170.00	
						1.00	
						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)					Y	1,741



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/25/2018 10:19 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2018	Y	04/04/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/25/2018 10:19 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<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.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/25/2018 10:19 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT PROGRAMS		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: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	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)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		180				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)		7	2,555			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: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part I Date/Time Prepared: 5/25/2018 10:19 am
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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)	15,507	315	32,517			1.00
2.00 HMO and other (see instructions)	4,999	6,571				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)	15,507	315	32,517			7.00
8.00 INTENSIVE CARE UNIT	1,300	253	2,758			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	299	3,306			12.00
13.00 NURSERY		1,320	2,928			13.00
14.00 Total (see instructions)	16,807	2,187	41,509	0.00	1,796.99	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	183			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	0.00	0.00	26.25
28.00 Observation Bed Days		111	6,108			27.00
29.00 Ambulance Trips	0					28.00
30.00 Employee discount days (see instruction)			0			29.00
31.00 Employee discount days - IRF			0			30.00
32.00 Labor & delivery days (see instructions)	0	30	519			31.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.00
33.00 LTCH non-covered days	0					32.01
33.01 LTCH site neutral days and discharges	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,733	132	10,640	1.00	
2.00 HMO and other (see instructions)			1,021	1,351		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	
10.01 BURN INTENSIVE CARE UNIT						10.01	
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	3,733	132	10,640	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 15-0173

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2018 10:19 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	170,701,190	-624,773	170,076,417	3,737,745.78	45.50
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,444,740	0	2,444,740	29,416.17	83.11
4.00	Physician-Part A - Administrative		1,498,577	0	1,498,577	6,240.00	240.16
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		13,502,753	0	13,502,753	79,790.10	169.23
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)		82,916,767	586,725	83,503,492	1,220,266.92	68.43
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,866,278	0	1,866,278	23,748.53	78.58
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		2,347,611	0	2,347,611	35,779.82	65.61
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		35,232,926	0	35,232,926	850,643.81	41.42
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)		19,630,299	0	19,630,299		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		15,628,573	0	15,628,573		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		408,044	0	408,044		
22.00	Physician Part A - Administrative		157,589	0	157,589		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,604,868	0	1,604,868		
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	1,036,350	0	1,036,350	1.00	1,036,350.00
27.00	Administrative & General	5.00	11,938,009	-518,640	11,419,369	327,315.69	34.89

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2018 10:19 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		80,742	0	80,742	449.70	179.55	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,909,491	-83,823	1,825,668	66,333.38	27.52	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,484,093	-18,524	2,465,569	171,080.15	14.41	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	864,985	-323,065	541,920	41,009.36	13.21	34.00
35.00	Dietary under contract (see instructions)		91,920	0	91,920	3,392.00	27.10	35.00
36.00	Cafeteria	11.00	0	314,847	314,847	23,469.92	13.41	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,680,408	-31,971	3,648,437	96,200.05	37.93	38.00
39.00	Central Services and Supply	14.00	299,211	-19,008	280,203	14,122.59	19.84	39.00
40.00	Pharmacy	15.00	3,000,018	-157,832	2,842,186	73,154.18	38.85	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	401,962	-3,149	398,813	14,355.80	27.78	42.00
43.00	Other General Service	18.00	458,545	-2,343	456,202	33,569.30	13.59	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2018 10:19 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	154,926,359	-624,773	154,301,586	3,632,381.21	42.48	1.00
2.00	Excluded area salaries (see instructions)	82,916,767	586,725	83,503,492	1,220,266.92	68.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,009,592	-1,211,498	70,798,094	2,412,114.29	29.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,446,815	0	39,446,815	910,172.16	43.34	4.00
5.00	Subtotal wage-related costs (see inst.)	19,787,888	0	19,787,888	0.00	27.95	5.00
6.00	Total (sum of lines 3 thru 5)	131,244,295	-1,211,498	130,032,797	3,322,286.45	39.14	6.00
7.00	Total overhead cost (see instructions)	26,245,734	-843,508	25,402,226	864,453.12	29.39	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2018 10:19 am
				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			10,164,027 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		14,634,910	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		483,168	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		96,550	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)		878,676	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		649,832	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		10,366,876	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		155,334	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)		37,429,373	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: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/25/2018 10:19 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	1,866,278	37,429,373	1.00
2.00	Hospital	1,866,278	19,630,299	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	17,799,074	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/25/2018 10:19 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.195846	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,761,665	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		173,851,172	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,048,057	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)		17,286,392	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)		17,286,392	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)	22,169,181	2,052,776	24,221,957	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,341,745	2,052,776	6,394,521	21.00
22.00	Payments received from patients for amounts previously written off as charity care	390,408	0	390,408	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,951,337	2,052,776	6,004,113	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,019,219	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,144,002	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,760,003	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,259,216	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,583,687	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,587,800	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,874,192	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Date/Time Prepared: 5/25/2018 10:19 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,062,612	5,062,612	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	2,273,992	2,273,992	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	11,882,119	11,882,119	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,685,796	3,685,796	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	2,730,618	2,730,618	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,036,350	822,396	1,858,746	25,584,284	27,443,030	4.00
5.01	00570	ADMINITTING	3,084,649	1,790,692	4,875,341	-964,056	3,911,285	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,853,360	34,038,352	42,891,712	39,578,715	82,470,427	5.06
7.00	00700	OPERATION OF PLANT	1,608,470	13,397,744	15,006,214	-6,081,518	8,924,696	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	301,021	7,750,155	8,051,176	-3,094,066	4,957,110	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	33,109	33,109	8.00
9.00	00900	HOUSEKEEPING	2,484,093	1,827,452	4,311,545	-855,821	3,455,724	9.00
10.00	01000	DIETARY	864,985	1,604,452	2,469,437	-1,110,948	1,358,489	10.00
11.00	01100	CAFETERIA	0	0	0	777,501	777,501	11.00
13.00	01300	NURSING ADMINISTRATION	3,680,408	1,549,370	5,229,778	-1,081,281	4,148,497	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	299,211	962,356	1,261,567	10,527,895	11,789,462	14.00
15.00	01500	PHARMACY	3,000,018	5,743,599	8,743,617	-1,936,143	6,807,474	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	401,962	84,866	486,828	-51,294	435,534	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	458,545	296,580	755,125	-80,067	675,058	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,350,521	9,658,054	33,008,575	-6,442,360	26,566,215	30.00
31.00	03100	INTENSIVE CARE UNIT	2,327,257	2,342,500	4,669,757	-985,509	3,684,248	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,427,565	1,256,512	4,684,077	-629,545	4,054,532	35.00
43.00	04300	NURSERY	0	0	0	782,175	782,175	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,057,509	16,038,449	20,095,958	-15,148,484	4,947,474	50.00
51.00	05100	RECOVERY ROOM	563,795	155,510	719,305	-107,620	611,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,256,584	1,117,469	3,374,053	-897,823	2,476,230	52.00
53.00	05300	ANESTHESIOLOGY	8,098,883	4,907,537	13,006,420	-1,180,548	11,825,872	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	150,259	150,259	-146,354	3,905	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,231,066	4,990,093	8,221,159	-4,300,225	3,920,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	190,984	647,447	838,431	-553,816	284,615	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,362,122	4,545,478	5,907,600	-3,602,070	2,305,530	59.00
60.00	06000	LABORATORY	0	8,595,665	8,595,665	0	8,595,665	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	720,264	720,264	3,330	723,594	63.00
65.00	06500	RESPIRATORY THERAPY	1,548,121	1,243,265	2,791,386	-801,823	1,989,563	65.00
66.00	06600	PHYSICAL THERAPY	541,849	132,452	674,301	-91,472	582,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	274,837	76,957	351,794	-52,672	299,122	67.00
68.00	06800	SPEECH PATHOLOGY	158,512	78,159	236,671	-29,115	207,556	68.00
69.00	06900	ELECTROCARDIOLOGY	1,339,270	659,451	1,998,721	-482,491	1,516,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,688	22,841	107,529	-16,159	91,370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,217,687	7,217,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,075,960	11,075,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,664,292	31,664,292	73.00
74.00	07400	RENAL DIALYSIS	0	615,093	615,093	-12,860	602,233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,939,196	4,902,734	7,841,930	-3,838,841	4,003,089	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	303,019	248,635	551,654	-50,205	501,449	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	412,170	196,174	608,344	-131,850	476,494	90.01
90.03	09002	ARNETT CANCER CARE CENTER	736,754	20,861,423	21,598,177	-18,961,827	2,636,350	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	15,112	8,162	23,274	-3,656	19,618	90.04
91.00	09100	EMERGENCY	4,491,537	3,981,646	8,473,183	-1,820,193	6,652,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,784,423	158,020,243	245,804,666	77,337,373	323,142,039	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,934	107,319	141,253	-12,398	128,855	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,228,310	83,294,645	165,522,955	-74,896,255	90,626,700	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.01	19301	RETAIL PHARMACY	654,523	4,600,642	5,255,165	-4,072,756	1,182,409	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	1,026,228	1,026,228	193.02
193.03	19303	HOSPICE	0	2,559	2,559	0	2,559	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	617,808	617,808	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	170,701,190	246,025,408	416,726,598	0	416,726,598	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,105,171	6,167,783	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	2,273,992	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	-66,394	11,815,725	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	662,899	4,348,695	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	2,730,618	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-768,673	26,674,357	4.00
5.01	00570	ADMINITTING	-296	3,910,989	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-22,347,482	60,122,945	5.06
7.00	00700	OPERATION OF PLANT	-20,978	8,903,718	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-12,780	4,944,330	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,109	8.00
9.00	00900	HOUSEKEEPING	0	3,455,724	9.00
10.00	01000	DIETARY	0	1,358,489	10.00
11.00	01100	CAFETERIA	-649,147	128,354	11.00
13.00	01300	NURSING ADMINISTRATION	-6,870	4,141,627	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,281	11,782,181	14.00
15.00	01500	PHARMACY	-80,700	6,726,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	435,534	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	675,058	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-6,549,617	20,016,598	30.00
31.00	03100	INTENSIVE CARE UNIT	-201,705	3,482,543	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,427,632	2,626,900	35.00
43.00	04300	NURSERY	0	782,175	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-6,341	4,941,133	50.00
51.00	05100	RECOVERY ROOM	0	611,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-9,080	2,467,150	52.00
53.00	05300	ANESTHESIOLOGY	-7,916,425	3,909,447	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,905	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,504	3,919,430	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	284,615	56.00
59.00	05900	CARDIAC CATHETERIZATION	-3,092	2,302,438	59.00
60.00	06000	LABORATORY	407	8,596,072	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	723,594	63.00
65.00	06500	RESPIRATORY THERAPY	-84	1,989,479	65.00
66.00	06600	PHYSICAL THERAPY	0	582,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	299,122	67.00
68.00	06800	SPEECH PATHOLOGY	48	207,604	68.00
69.00	06900	ELECTROCARDIOLOGY	-62,400	1,453,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	91,370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,217,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,075,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,664,292	73.00
74.00	07400	RENAL DIALYSIS	0	602,233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-9,504	3,993,585	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	501,449	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	476,494	90.01
90.03	09002	ARNETT CANCER CARE CENTER	-7,791	2,628,559	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	19,618	90.04
91.00	09100	EMERGENCY	-78,576	6,574,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,465,827	284,676,212	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128,855	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-798,413	89,828,287	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	1,182,409	193.01
193.02	19302	WHITE HOSPITAL	0	1,026,228	193.02





RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - NONBILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,769,975	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	2.00
3.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,511	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0			0	10,773,488	
<b>B - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,217,687	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
0			0	7,217,687	
<b>C - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,075,960	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
0			0	11,075,960	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,664,292	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,570	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
0			0	31,674,862	
<b>E - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,584,282	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
0			0	25,584,282	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	314,847	462,654	1.00
0			314,847	462,654	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - PROPERTY TAX</b>					
1.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	60,802	1.00
	0		0	60,802	
<b>H - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	223,436	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	34,901	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,465	3.00
	0		0	268,802	
<b>I - LEASE EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,143	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	875,349	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	195,319	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	182,250	4.00
5.00	ASC (NON-DISTINCT PART)	75.01	0	7,245	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
	<b>TOTALS</b>		0	1,522,306	
<b>J - INTEREST EXPENSE RECLASS</b>					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	11,882,119	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	32	2.00
3.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	15,212	3.00
	0		0	11,897,363	
<b>K - HOUSEKEEPING SUPPLIES</b>					
1.00	HOUSEKEEPING	9.00	0	75,461	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	0		0	75,461	
<b>L - LAUNDRY SUPPLIES</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	33,109	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
			0	33,109	
O - TELEPHONE RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,714	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
			0	6,714	
P - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,577,033	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,302,940	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,479,980	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2,533,156	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
			0	11,893,109	
Q - FMLA RECLASS					
1.00	ADMINISTRATIVE	5.01	0	15,761	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	28,826	2.00
3.00	OPERATION OF PLANT	7.00	0	3,339	3.00
4.00	HOUSEKEEPING	9.00	0	18,524	4.00
5.00	DIETARY	10.00	0	8,218	5.00
6.00	NURSING ADMINISTRATION	13.00	0	31,971	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,847	7.00
8.00	PHARMACY	15.00	0	3,642	8.00
9.00	SOCIAL SERVICE	17.00	0	3,149	9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	0	2,343	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	109,811	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	7,189	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	53,082	13.00
14.00	OPERATING ROOM	50.00	0	5,675	14.00
15.00	RECOVERY ROOM	51.00	0	6,694	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,097	16.00
17.00	ANESTHESIOLOGY	53.00	0	4,850	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,246	18.00
19.00	RADIOISOTOPE	56.00	0	2,821	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	8,523	20.00
21.00	RESPIRATORY THERAPY	65.00	0	32,468	21.00
22.00	PHYSICAL THERAPY	66.00	0	4,617	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	5,921	23.00
24.00	ASC (NON-DISTINCT PART)	75.01	0	11,376	24.00
25.00	SLEEP CLINIC	90.01	0	430	25.00
26.00	EMERGENCY	91.00	0	26,733	26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	179,973	27.00
28.00	RETAIL PHARMACY	193.01	0	3,647	28.00
			0	624,773	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>R - NURSERY</b>					
1.00	NURSERY	43.00	711,102	71,073	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	<b>TOTALS</b>		<b>711,102</b>	<b>71,073</b>	
<b>U - CORPORATE ADMIN EXPENSE</b>					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	54,552,922	1.00
	<b>TOTALS</b>		<b>0</b>	<b>54,552,922</b>	
<b>V - GENERAL SURGERY LAF METRO - HOSPITAL</b>					
1.00	OPERATING ROOM	50.00	84,943	223,274	1.00
2.00	ASC (NON-DISTINCT PART)	75.01	42,471	111,637	2.00
	<b>TOTALS</b>		<b>127,414</b>	<b>334,911</b>	
<b>W - MEDICAL DIRECTOR FEES</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	14,875	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,800	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	44,400	3.00
	<b>TOTALS</b>		<b>0</b>	<b>88,075</b>	
<b>X - ARNETT TO WHITE ALLOCATION</b>					
1.00	WHITE HOSPITAL	193.02	568,944	457,284	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
	<b>TOTALS</b>		<b>568,944</b>	<b>457,284</b>	
<b>Y - ARNETT TO FRANKFORT ALLOCATION</b>					
1.00	FRANKFORT HOSPITAL	193.04	328,815	288,993	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
	<b>TOTALS</b>		<b>328,815</b>	<b>288,993</b>	
500.00	<b>Grand Total: Increases</b>		<b>2,051,122</b>	<b>168,964,630</b>	<b>500.00</b>

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - NONBILLABLE SUPPLIES</b>						
1.00	ADMITTING	5.01	0	3,271	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38,347	0	2.00
3.00	OPERATION OF PLANT	7.00	0	116,265	0	3.00
4.00	HOUSEKEEPING	9.00	0	148,061	0	4.00
5.00	DIETARY	10.00	0	1,124	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,386	0	6.00
7.00	PHARMACY	15.00	0	88,926	0	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	0	564	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,830,815	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	354,702	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	140,210	0	11.00
12.00	OPERATING ROOM	50.00	0	2,606,542	0	12.00
13.00	RECOVERY ROOM	51.00	0	19,767	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	223,836	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	245,897	0	15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	85,376	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	659,796	0	17.00
18.00	RADIOISOTOPE	56.00	0	4,390	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	324,027	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	378,330	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	2,120	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	481	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	617	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	17,687	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,779	0	25.00
26.00	RENAL DIALYSIS	74.00	0	7,086	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.01	0	1,266,776	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	14,858	0	28.00
29.00	SLEEP CLINIC	90.01	0	27,866	0	29.00
30.00	ARNETT CANCER CARE CENTER	90.03	0	158,920	0	30.00
31.00	OUTPATIENT INFUSION CENTER	90.04	0	2,658	0	31.00
32.00	EMERGENCY	91.00	0	789,720	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,207,014	0	33.00
34.00	RETAIL PHARMACY	193.01	0	4,274	0	34.00
0			0	10,773,488		
<b>B - BILLABLE SUPPLIES</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	457	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,350	0	2.00
3.00	PHARMACY	15.00	0	8,295	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	20,149	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	61,078	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,925	0	6.00
7.00	OPERATING ROOM	50.00	0	3,460,122	0	7.00
8.00	RECOVERY ROOM	51.00	0	5	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	139,347	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	62,180	0	10.00
11.00	ASC ANESTHESIOLOGY	53.01	0	14,842	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,732,190	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	578,182	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	47,572	0	14.00
15.00	RENAL DIALYSIS	74.00	0	1,111	0	15.00
16.00	ASC (NON-DISTINCT PART)	75.01	0	766,673	0	16.00
17.00	ARNETT CANCER CARE CENTER	90.03	0	6,354	0	17.00
18.00	OUTPATIENT INFUSION CENTER	90.04	0	92	0	18.00
19.00	EMERGENCY	91.00	0	26,061	0	19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	288,681	0	20.00
21.00	RETAIL PHARMACY	193.01	0	21	0	21.00
0			0	7,217,687		
<b>C - IMPLANTS</b>						
1.00	HOUSEKEEPING	9.00	0	110	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,745	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	708	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	22,434	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	145	0	5.00
6.00	OPERATING ROOM	50.00	0	7,627,900	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	97	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	314,419	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,973,760	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	106	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	50	0	11.00
12.00	ASC (NON-DISTINCT PART)	75.01	0	1,127,644	0	12.00

RECLASSIFICATIONS

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

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,842	0	13.00
	0		0	11,075,960		
<b>D - DRUGS</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	72,777	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	223	0	2.00
3.00	PHARMACY	15.00	0	927,621	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	111,153	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	48,864	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,621	0	6.00
7.00	OPERATING ROOM	50.00	0	139,042	0	7.00
8.00	RECOVERY ROOM	51.00	0	575	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,607	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	163,947	0	10.00
11.00	ASC ANESTHESIOLOGY	53.01	0	46,113	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	221,505	0	12.00
13.00	RADIOISOTOPE	56.00	0	505,717	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	40,916	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	13,850	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	70,935	0	16.00
17.00	RENAL DIALYSIS	74.00	0	4,428	0	17.00
18.00	ASC (NON-DISTINCT PART)	75.01	0	151,913	0	18.00
19.00	CARDIAC REHABILITATION	76.97	0	117	0	19.00
20.00	SLEEP CLINIC	90.01	0	138	0	20.00
21.00	ARNETT CANCER CARE CENTER	90.03	0	18,674,881	0	21.00
22.00	OUTPATIENT INFUSION CENTER	90.04	0	337	0	22.00
23.00	EMERGENCY	91.00	0	50,221	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,484,809	0	24.00
25.00	RETAIL PHARMACY	193.01	0	3,934,552	0	25.00
	0		0	31,674,862		
<b>E - BENEFITS</b>						
1.00	ADMINISTRATIVE	5.01	0	957,485	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,599,784	0	2.00
3.00	OPERATION OF PLANT	7.00	0	254,321	0	3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	76,353	0	4.00
5.00	HOUSEKEEPING	9.00	0	783,111	0	5.00
6.00	DIETARY	10.00	0	317,379	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	815,034	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,791	0	8.00
9.00	PHARMACY	15.00	0	428,223	0	9.00
10.00	SOCIAL SERVICE	17.00	0	51,294	0	10.00
11.00	PATIENT TRANSPORT SERVICES	18.00	0	79,326	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	3,591,151	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	420,033	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	413,279	0	14.00
15.00	OPERATING ROOM	50.00	0	586,008	0	15.00
16.00	RECOVERY ROOM	51.00	0	84,905	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	442,362	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	708,512	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	534,480	0	19.00
20.00	RADIOISOTOPE	56.00	0	40,864	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	201,081	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	259,540	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	89,302	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	52,191	0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	28,498	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	212,884	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,292	0	27.00
28.00	ASC (NON-DISTINCT PART)	75.01	0	447,750	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	35,213	0	29.00
30.00	SLEEP CLINIC	90.01	0	89,597	0	30.00
31.00	ARNETT CANCER CARE CENTER	90.03	0	107,961	0	31.00
32.00	OUTPATIENT INFUSION CENTER	90.04	0	569	0	32.00
33.00	EMERGENCY	91.00	0	781,051	0	33.00
34.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12,398	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,915,452	0	35.00
36.00	RETAIL PHARMACY	193.01	0	100,808	0	36.00
	0		0	25,584,282		

RECLASSIFICATIONS

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Period:  
From 01/01/2017  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	314,847	462,654	0		1.00
	O		314,847	462,654			
<b>G - PROPERTY TAX</b>							
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	60,802	13		1.00
	O		0	60,802			
<b>H - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	268,802	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
	O		0	268,802			
<b>I - LEASE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	262,144	10		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	848,995	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,941	10		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	14,943	10		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	4,242	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42,412	0		6.00
7.00	OPERATING ROOM	50.00	0	181,651	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	27,065	0		8.00
9.00	ARNETT CANCER CARE CENTER	90.03	0	3,900	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,013	0		10.00
	TOTALS		0	1,522,306			
<b>J - INTEREST EXPENSE RECLASS</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	11,882,119	11		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	15,212	11		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32	11		3.00
	O		0	11,897,363			
<b>K - HOUSEKEEPING SUPPLIES</b>							
1.00	ADMITTING	5.01	0	1,600	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	300	0		2.00
3.00	OPERATION OF PLANT	7.00	0	892	0		3.00
4.00	DIETARY	10.00	0	135	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	497	0		5.00
6.00	PHARMACY	15.00	0	1,333	0		6.00
7.00	PATIENT TRANSPORT SERVICES	18.00	0	42	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	10,751	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	1,221	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	129	0		10.00
11.00	OPERATING ROOM	50.00	0	5,384	0		11.00
12.00	RECOVERY ROOM	51.00	0	1,133	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	167	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	12	0		14.00
15.00	ASC ANESTHESIOLOGY	53.01	0	23	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,963	0		16.00
17.00	RADIOISOTOPE	56.00	0	137	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	584	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	181	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	27	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	8	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	88	0		22.00
23.00	RENAL DIALYSIS	74.00	0	100	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.01	0	3,959	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	17	0		25.00
26.00	SLEEP CLINIC	90.01	0	348	0		26.00
27.00	ARNETT CANCER CARE CENTER	90.03	0	2,087	0		27.00
28.00	EMERGENCY	91.00	0	20,421	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,922	0		29.00
	O		0	75,461			
<b>L - LAUNDRY SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	712	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	7	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	54	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	472	0		4.00
5.00	OPERATING ROOM	50.00	0	25,143	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,252	0		6.00



RECLASSIFICATIONS

Provider CCN: 15-0173

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	340	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	119	0		9.00
10.00	ASC (NON-DISTINCT PART)	75.01	0	2,327	0		10.00
11.00	EMERGENCY	91.00	0	62	0		11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,613	0		12.00
0			0	33,109			
Q - TELEPHONE RECLASS							
1.00	ADMINISTRATIVE	5.01	0	701	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	258	0		2.00
3.00	PATIENT TRANSPORT SERVICES	18.00	0	135	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,012	0		4.00
5.00	OPERATING ROOM	50.00	0	93	0		5.00
6.00	SLEEP CLINIC	90.01	0	178	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,337	0		7.00
0			0	6,714			
P - DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE	5.01	0	999	9		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	380,329	9		2.00
3.00	OPERATION OF PLANT	7.00	0	5,348,915	9		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,092,704	9		4.00
5.00	DIETARY	10.00	0	14,809	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	264,380	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,256	0		7.00
8.00	PHARMACY	15.00	0	79,017	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	79,614	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	72,881	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15,204	0		11.00
12.00	OPERATING ROOM	50.00	0	654,890	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,235	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	66,831	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	863,632	0		15.00
16.00	RADIOISOTOPE	56.00	0	2,708	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	483,180	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	75,214	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	209,199	0		19.00
20.00	RENAL DIALYSIS	74.00	0	135	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.01	0	208,833	0		21.00
22.00	SLEEP CLINIC	90.01	0	13,723	0		22.00
23.00	ARNETT CANCER CARE CENTER	90.03	0	7,724	0		23.00
24.00	EMERGENCY	91.00	0	36,346	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	834,250	0		25.00
26.00	RETAIL PHARMACY	193.01	0	33,101	0		26.00
0			0	11,893,109			
Q - FMLA RECLASS							
1.00	ADMINISTRATIVE	5.01	15,761	0	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	28,826	0	0		2.00
3.00	OPERATION OF PLANT	7.00	3,339	0	0		3.00
4.00	HOUSEKEEPING	9.00	18,524	0	0		4.00
5.00	DIETARY	10.00	8,218	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	31,971	0	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,847	0	0		7.00
8.00	PHARMACY	15.00	3,642	0	0		8.00
9.00	SOCIAL SERVICE	17.00	3,149	0	0		9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	2,343	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	109,811	0	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	7,189	0	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	53,082	0	0		13.00
14.00	OPERATING ROOM	50.00	5,675	0	0		14.00
15.00	RECOVERY ROOM	51.00	6,694	0	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	12,097	0	0		16.00
17.00	ANESTHESIOLOGY	53.00	4,850	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	31,246	0	0		18.00
19.00	RADIOISOTOPE	56.00	2,821	0	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	8,523	0	0		20.00
21.00	RESPIRATORY THERAPY	65.00	32,468	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	4,617	0	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	5,921	0	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.01	11,376	0	0		24.00
25.00	SLEEP CLINIC	90.01	430	0	0		25.00
26.00	EMERGENCY	91.00	26,733	0	0		26.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	179,973	0	0		27.00
28.00	RETAIL PHARMACY	193.01	3,647	0	0		28.00
	O		624,773	0			
<b>R - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	686,533	68,170	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	5,296	852	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	19,273	2,051	0		3.00
	O		711,102	71,073			
<b>U - CORPORATE ADMIN EXPENSE</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	54,552,922	0		1.00
	TOTALS		0	54,552,922			
<b>V - GENERAL SURGERY LAF METRO - HOSPITAL</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	127,414	334,911	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		127,414	334,911			
<b>W - MEDICAL DIRECTOR FEES</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	88,075	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		0	88,075			
<b>X - ARNETT TO WHITE ALLOCATION</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	342,537	192,346	0		1.00
2.00	OPERATION OF PLANT	7.00	31,155	5,886	0		2.00
3.00	PHARMACY	15.00	61,525	94,187	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	15,686	15,923	0		4.00
5.00	OPERATING ROOM	50.00	84,186	55,239	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	16,178	0		6.00
7.00	ASC (NON-DISTINCT PART)	75.01	6,731	17,588	0		7.00
8.00	EMERGENCY	91.00	27,124	59,937	0		8.00
	TOTALS		568,944	457,284			
<b>Y - ARNETT TO FRANKFORT ALLOCATION</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	131,516	70,895	0		1.00
2.00	OPERATION OF PLANT	7.00	49,329	12,611	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	17,161	18,909	0		3.00
4.00	PHARMACY	15.00	92,665	154,351	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	5,270	5,350	0		5.00
6.00	OPERATING ROOM	50.00	23,761	6,740	0		6.00
7.00	EMERGENCY	91.00	9,113	20,137	0		7.00
	TOTALS		328,815	288,993			
500.00	Grand Total: Decreases		2,675,895	168,339,857			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,863,304	57,964	0	57,964	0	1.00
2.00	Land Improvements	107,468	0	0	0	0	2.00
3.00	Buildings and Fixtures	175,525,700	0	0	0	0	3.00
4.00	Building Improvements	18,010,544	0	0	0	962,711	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	105,964,311	10,162,545	0	10,162,545	7,647,977	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	303,471,327	10,220,509	0	10,220,509	8,610,688	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	303,471,327	10,220,509	0	10,220,509	8,610,688	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	3,921,268	0				1.00
2.00	Land Improvements	107,468	0				2.00
3.00	Buildings and Fixtures	175,525,700	407,311				3.00
4.00	Building Improvements	17,047,833	994,536				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	108,478,879	52,926,792				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	305,081,148	54,328,639				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	305,081,148	54,328,639				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7  
Part III  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	196,602,269	0	196,602,269	0.644426	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	108,478,879	0	108,478,879	0.355574	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	305,081,148	0	305,081,148	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,682,204	262,143	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,302,940	875,349	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,142,879	195,319	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	2,533,156	182,250	2.01
3.00	Total (sum of lines 1-2)	0	0	0	13,661,179	1,515,061	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	223,436	0	0	6,167,783	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	34,901	60,802	0	2,273,992	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	11,815,725	0	0	0	11,815,725	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	32	10,465	0	0	4,348,695	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	15,212	0	0	0	2,730,618	2.01
3.00	Total (sum of lines 1-2)	11,830,969	268,802	60,802	0	27,336,813	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-273,605	0	CAP REL COSTS INTEREST EXPENSE	1.02	11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
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	-17,134,383	0		0.00	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	19,266,161				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** 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
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

Period:  
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To 12/31/2017

Worksheet A-8

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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 #			
				3.00	4.00			
		1.00	2.00	3.00	4.00	5.00		
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
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	EMPLOYEE BENEFITS	A	-25,594,622		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	UNWONTED SITUATIONS	A	-98		ADMINISTRATIVE & GENERAL	5.01	0	33.01
33.02	UNWONTED SITUATIONS	A	-5,224		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.02
33.03	UNWONTED SITUATIONS	A	-1,198		NURSING ADMINISTRATION	13.00	0	33.03
33.04	UNWONTED SITUATIONS	A	-30		PHARMACY	15.00	0	33.04
33.05	UNWONTED SITUATIONS	A	-3,730		ADULTS & PEDIATRICS	30.00	0	33.05
33.06	UNWONTED SITUATIONS	A	-67		INTENSIVE CARE UNIT	31.00	0	33.06
33.07	UNWONTED SITUATIONS	A	-2,015		OPERATING ROOM	50.00	0	33.07
33.08	UNWONTED SITUATIONS	A	-304		RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	UNWONTED SITUATIONS	A	-1,743		ASC (NON-DISTINCT PART)	75.01	0	33.09
33.10	UNWONTED SITUATIONS	A	-2,340		EMERGENCY	91.00	0	33.10
33.11	ACCRUED PTO	A	-655,646		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	ACCRUED PTO	A	85		ADULTS & PEDIATRICS	30.00	0	33.12
33.13	CONTRIBUTION EXPENSE	A	-251,020		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33.14	CONTRIBUTION EXPENSE	A	-1,000		NURSING ADMINISTRATION	13.00	0	33.14
33.15	HAF OFFSET	A	-11,772,202		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16	MISCELLANEOUS INCOME	B	-1,500		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-389,821		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.17
33.18	MISCELLANEOUS INCOME	B	-20,978		OPERATION OF PLANT	7.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-12,476		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.19
33.20	MISCELLANEOUS INCOME	B	-649,147		CAFETERIA	11.00	0	33.20
33.21	MISCELLANEOUS INCOME	B	-3,039		NURSING ADMINISTRATION	13.00	0	33.21
33.22	MISCELLANEOUS INCOME	B	-7,281		CENTRAL SERVICES & SUPPLY	14.00	0	33.22
33.23	MISCELLANEOUS INCOME	B	-77,502		PHARMACY	15.00	0	33.23
33.24	MISCELLANEOUS INCOME	B	-23,169		ADULTS & PEDIATRICS	30.00	0	33.24
33.25	MISCELLANEOUS INCOME	B	-167,495		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.25
33.26	MISCELLANEOUS INCOME	B	-4,326		OPERATING ROOM	50.00	0	33.26
33.27	MISCELLANEOUS INCOME	B	-8,490		DELIVERY ROOM & LABOR ROOM	52.00	0	33.27
33.28	MISCELLANEOUS INCOME	B	-182,958		ANESTHESIOLOGY	53.00	0	33.28
33.29	MISCELLANEOUS INCOME	B	-1,200		RADIOLOGY-DIAGNOSTIC	54.00	0	33.29
33.30	MISCELLANEOUS INCOME	B	-2,450		CARDIAC CATHETERIZATION	59.00	0	33.30
33.31	MISCELLANEOUS INCOME	B	407		LABORATORY	60.00	0	33.31
33.32	MISCELLANEOUS INCOME	B	-62,400		ELECTROCARDIOLOGY	69.00	0	33.32
33.33	MISCELLANEOUS INCOME	B	-7,761		ASC (NON-DISTINCT PART)	75.01	0	33.33
33.34	MISCELLANEOUS INCOME	B	-7,791		ARNETT CANCER CARE CENTER	90.03	0	33.34
33.35	MISCELLANEOUS INCOME	B	-3,938		EMERGENCY	91.00	9	33.35
33.36	MISCELLANEOUS INCOME	B	-798,413		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.36
33.37	TELEPHONE EXPENSE	A	-6,713		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.37
33.38	LATE FEES / PENALTIES	A	-304		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.38
33.39	LATE FEES / PENALTIES	A	-10		PHARMACY	15.00	0	33.39
33.40	NON-ALLOWABLE MARKETING	A	-198		ADMINISTRATIVE & GENERAL	5.01	0	33.40
33.41	NON-ALLOWABLE MARKETING	A	-111,904		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.41
33.42	NON-ALLOWABLE MARKETING	A	-763		NURSING ADMINISTRATION	13.00	0	33.42
33.43	NON-ALLOWABLE MARKETING	A	-2,270		PHARMACY	15.00	0	33.43
33.44	NON-ALLOWABLE MARKETING	A	-238		ADULTS & PEDIATRICS	30.00	0	33.44
33.45	NON-ALLOWABLE MARKETING	A	-80		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.45
33.46	NON-ALLOWABLE MARKETING	A	-590		DELIVERY ROOM & LABOR ROOM	52.00	0	33.46
33.47	NON-ALLOWABLE MARKETING	A	-642		CARDIAC CATHETERIZATION	59.00	0	33.47

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:  
5/25/2018 10:19 am

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		
33.48 NON-ALLOWABLE MARKETING	A	-84	RESPIRATORY THERAPY	65.00	0	33.48
33.49 NON-ALLOWABLE MARKETING	A	-123	EMERGENCY	91.00	0	33.49
33.50 RECRUITMENT	A	50	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.50
33.51 RECRUITMENT	A	-263,952	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.51
33.52 RECRUITMENT	A	-870	NURSING ADMINISTRATION	13.00	0	33.52
33.53 RECRUITMENT	A	-888	PHARMACY	15.00	0	33.53
33.54 RECRUITMENT	A	-10,000	ANESTHESIOLOGY	53.00	0	33.54
33.55 RECRUITMENT	A	48	SPEECH PATHOLOGY	68.00	0	33.55
33.56 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,264,240				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: 15-0173  
 Period: From 01/01/2017 To 12/31/2017  
 Worksheet A-8-1  
 Date/Time Prepared: 5/25/2018 10:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,105,171	0
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	12,089,330	11,882,119
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	662,899	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	25,483,045	0
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	37,936	37,936
4.02	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	49,293,056	57,485,221
4.03	5.06	OTHER ADMINISTRATIVE & GENER	SHARED EMPLOYEES	1,028,248	1,028,248
4.04	7.00	OPERATION OF PLANT	SHARED EMPLOYEES	396,806	396,806
4.05	7.01	OPERATION OF PLANT - NONHOSP	SHARED EMPLOYEES	281,814	281,814
4.06	50.00	OPERATING ROOM	SHARED EMPLOYEES	387,355	387,355
4.07	60.00	LABORATORY	SHARED EMPLOYEES	8,524,413	8,524,413
4.08	91.00	EMERGENCY	SHARED EMPLOYEES	36,000	36,000
4.09	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	4,631,297	4,631,297
5.00	0		0	103,957,370	84,691,209

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

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

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

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

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

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

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

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

Provider CCN: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2018 10:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,105,171	9		1.00
2.00	207,211	11		2.00
3.00	662,899	9		3.00
4.00	25,483,045	0		4.00
4.01	0	0		4.01
4.02	-8,192,165	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	19,266,161			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2018 10:19 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	1,354,481	1,354,481	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,734,065	6,334,215	399,850	211,500	2,080	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,092,378	0	1,092,378	211,500	8,760	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,471,557	912,875	558,682	211,500	2,080	4.00
5.00	53.00	ANESTHESIOLOGY	7,968,276	7,352,686	615,590	239,400	2,127	5.00
6.00	91.00	EMERGENCY	1,123,931	72,175	1,051,756	211,500	26,280	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			19,744,688	16,026,432	3,718,256		41,327	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 & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	211,500	10,575	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	890,740	44,537	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	211,500	10,575	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	244,809	12,240	0	0	0	5.00
6.00	91.00	EMERGENCY	2,672,221	133,611	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,230,770	211,538	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 & GENERAL	0	0	0	1,354,481		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	211,500	188,350	6,522,565		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	890,740	201,638	201,638		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	211,500	347,182	1,260,057		4.00
5.00	53.00	ANESTHESIOLOGY	0	244,809	370,781	7,723,467		5.00
6.00	91.00	EMERGENCY	0	2,672,221	0	72,175		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	4,230,770	1,107,951	17,134,383		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,167,783	6,167,783			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	2,273,992	0	2,273,992		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	11,815,725	0	0	11,815,725	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,348,695				4,348,695
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,730,618				0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,674,357	0	0	0	0
5.01	00570	ADMINISTRATIVE	3,910,989	54,650	19,597	104,694	38,532
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	60,122,945	163,459	264,071	313,142	115,250
7.00	00700	OPERATION OF PLANT	8,903,718	1,196,444	0	2,292,047	843,572
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	4,944,330	0	19,839	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	33,109	0	0	0	0
9.00	00900	HOUSEKEEPING	3,455,724	35,135	1,008	67,310	24,773
10.00	01000	DIETARY	1,358,489	148,252	0	284,010	104,528
11.00	01100	CAFETERIA	128,354	71,114	0	136,234	50,140
13.00	01300	NURSING ADMINISTRATION	4,141,627	157,144	0	301,043	110,797
14.00	01400	CENTRAL SERVICES & SUPPLY	11,782,181	314,655	510	602,790	221,853
15.00	01500	PHARMACY	6,726,774	67,833	353	129,950	47,827
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	435,534	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	675,058	20,082	0	38,471	14,159
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,016,598	1,701,217	0	3,259,049	1,199,468
31.00	03100	INTENSIVE CARE UNIT	3,482,543	169,990	0	325,652	119,854
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,626,900	143,071	0	274,084	100,875
43.00	04300	NURSERY	782,175	70,240	0	134,560	49,524
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,941,133	443,976	1,721	850,531	313,032
51.00	05100	RECOVERY ROOM	611,685	62,269	0	119,289	43,904
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,467,150	211,594	0	405,355	149,188
53.00	05300	ANESTHESIOLOGY	3,909,447	16,372	995	31,364	11,543
53.01	05301	ASC ANESTHESIOLOGY	3,905	0	766	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,919,430	233,592	0	447,497	164,698
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	284,615	27,241	0	52,185	19,206
59.00	05900	CARDIAC CATHETERIZATION	2,302,438	116,214	0	222,632	81,938
60.00	06000	LABORATORY	8,596,072	138,809	7,930	265,920	97,870
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	723,594	10,271	0	19,676	7,242
65.00	06500	RESPIRATORY THERAPY	1,989,479	24,696	0	47,310	17,412
66.00	06600	PHYSICAL THERAPY	582,829	11,635	0	22,290	8,204
67.00	06700	OCCUPATIONAL THERAPY	299,122	5,488	0	10,513	3,869
68.00	06800	SPEECH PATHOLOGY	207,604	4,645	0	8,898	3,275
69.00	06900	ELECTROCARDIOLOGY	1,453,830	34,752	0	66,575	24,503
70.00	07000	ELECTROENCEPHALOGRAPHY	91,370	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,217,687	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,075,960	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,664,292	0	0	0	0
74.00	07400	RENAL DIALYSIS	602,233	23,853	0	45,695	16,818
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	3,993,585	0	222,672	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	501,449	0	18,622	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	476,494	0	40,463	0	0
90.03	09002	ARNETT CANCER CARE CENTER	2,628,559	0	82,490	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	19,618	47,675	0	91,332	33,614
91.00	09100	EMERGENCY	6,574,414	360,337	0	690,304	254,062
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	284,676,212	6,086,705	681,037	11,660,402	4,291,530
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,855	36,147	0	69,248	25,486
191.00	19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	89,828,287	14,824	1,581,190	28,398	10,452	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	1,182,409	0	0	0	0	193.01
193.02 19302 WHITE HOSPITAL	1,026,228	16,142	8,506	30,924	11,381	193.02
193.03 19303 HOSPICE	2,559	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	617,808	13,965	3,259	26,753	9,846	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	377,462,358	6,167,783	2,273,992	11,815,725	4,348,695	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part I  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,730,618					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,674,357				4.00
5.01 00570	ADMITTING	23,532	484,267	4,636,261			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	317,098	1,317,698	0	62,613,663	62,613,663	5.06
7.00 00700	OPERATION OF PLANT	0	240,588	0	13,476,369	2,680,032	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	23,823	47,501	0	5,035,493	1,001,403	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	33,109	6,584	8.00
9.00 00900	HOUSEKEEPING	1,210	389,064	0	3,974,224	790,350	9.00
10.00 01000	DIETARY	0	85,514	0	1,980,793	393,918	10.00
11.00 01100	CAFETERIA	0	49,683	0	435,525	86,612	11.00
13.00 01300	NURSING ADMINISTRATION	0	575,720	0	5,286,331	1,051,287	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	613	44,216	0	12,966,818	2,578,698	14.00
15.00 01500	PHARMACY	424	448,494	0	7,421,655	1,475,937	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	62,932	0	498,466	99,129	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	71,988	0	819,758	163,024	18.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	3,555,720	361,327	30,093,379	5,984,640	30.00
31.00 03100	INTENSIVE CARE UNIT	0	366,104	37,772	4,501,915	895,291	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	531,654	54,020	3,730,604	741,901	35.00
43.00 04300	NURSERY	0	112,211	12,825	1,161,535	230,993	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	2,066	635,745	402,341	7,590,545	1,509,524	50.00
51.00 05100	RECOVERY ROOM	0	87,910	46,744	971,801	193,261	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	351,137	74,884	3,659,308	727,723	52.00
53.00 05300	ANESTHESIOLOGY	1,194	1,277,230	85,057	5,333,202	1,060,609	53.00
53.01 05301	ASC ANESTHESIOLOGY	919	0	11,522	17,112	3,403	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	504,928	269,004	5,539,149	1,101,565	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	29,692	37,310	450,249	89,541	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	213,597	143,974	3,080,793	612,674	59.00
60.00 06000	LABORATORY	9,523	0	245,297	9,361,421	1,861,696	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,143	772,926	153,711	63.00
65.00 06500	RESPIRATORY THERAPY	0	239,169	47,054	2,365,120	470,349	65.00
66.00 06600	PHYSICAL THERAPY	0	84,775	11,976	721,709	143,526	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	43,369	5,653	368,014	73,187	67.00
68.00 06800	SPEECH PATHOLOGY	0	25,013	4,781	254,216	50,556	68.00
69.00 06900	ELECTROCARDIOLOGY	0	210,401	84,747	1,874,808	372,841	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	13,364	3,864	108,598	21,597	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	105,153	7,322,840	1,456,286	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	258,079	11,334,039	2,253,989	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	481,409	32,145,701	6,392,783	73.00
74.00 07400	RENAL DIALYSIS	0	0	5,313	693,912	137,998	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	267,386	467,647	378,347	5,329,637	1,059,900	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	22,361	47,816	357	590,605	117,453	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	48,588	64,972	25,549	656,066	130,471	90.01
90.03 09002	ARNETT CANCER CARE CENTER	99,055	116,259	62,018	2,988,381	594,296	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	2,385	1,886	196,510	39,080	90.04
91.00 09100	EMERGENCY	0	698,823	526,050	9,103,990	1,810,501	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	817,792	13,497,586	3,796,456	266,860,289	40,618,319	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,355	0	265,091	52,718	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,898,699	12,927,042	825,257	107,114,149	21,301,706	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			MVBLE EQUIP - NONHOSP	2.01					
193.01	19301	RETAIL PHARMACY	0		102,708	14,548	1,299,665	258,463	193.01
193.02	19302	WHITE HOSPITAL	10,214		89,779	0	1,193,174	237,285	193.02
193.03	19303	HOSPICE	0		0	0	2,559	509	193.03
193.04	19304	FRANKFORT HOSPITAL	3,913		51,887	0	727,431	144,663	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0		0	0	0	0	194.00
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,730,618		26,674,357	4,636,261	377,462,358	62,613,663	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	16,156,401					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	6,036,896				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	39,693			8.00
9.00	00900	HOUSEKEEPING	119,427	3,087	0	4,887,088		9.00
10.00	01000	DIETARY	503,915	0	0	77,637	2,956,263	10.00
11.00	01100	CAFETERIA	241,719	0	0	37,241	0	11.00
13.00	01300	NURSING ADMINISTRATION	534,137	0	0	82,293	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,069,524	1,564	10	165,405	0	14.00
15.00	01500	PHARMACY	230,568	1,082	0	35,956	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	68,259	0	0	10,516	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,782,496	0	19,989	890,892	2,685,612	30.00
31.00	03100	INTENSIVE CARE UNIT	577,801	0	1,680	89,020	227,786	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	486,304	0	429	74,923	0	35.00
43.00	04300	NURSERY	238,749	0	0	36,783	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,509,089	5,272	3,007	234,612	0	50.00
51.00	05100	RECOVERY ROOM	211,654	0	140	32,609	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	719,217	0	3,387	110,808	42,865	52.00
53.00	05300	ANESTHESIOLOGY	55,649	3,047	0	9,794	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	2,345	0	939	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	793,989	0	2,347	122,328	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	92,592	0	0	14,265	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	395,014	0	1,643	60,859	0	59.00
60.00	06000	LABORATORY	471,818	24,296	0	82,421	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,911	0	0	5,379	0	63.00
65.00	06500	RESPIRATORY THERAPY	83,942	0	0	12,933	0	65.00
66.00	06600	PHYSICAL THERAPY	39,548	0	0	6,093	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,654	0	0	2,874	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,788	0	0	2,432	0	68.00
69.00	06900	ELECTROCARDIOLOGY	118,124	0	0	18,199	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	81,077	0	0	12,491	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	682,193	0	273,194	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	57,052	0	22,847	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	123,966	0	49,644	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	252,723	0	101,206	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	162,049	0	395	24,966	0	90.04
91.00	09100	EMERGENCY	1,224,800	0	6,666	188,701	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,880,814	1,156,627	39,693	2,890,260	2,956,263	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,866	0	0	18,930	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,386	4,844,226	0	1,947,698	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	54,867	26,060	0	18,881	0	193.02



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B  
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	47,468	9,983	0	11,319	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,156,401	6,036,896	39,693	4,887,088	2,956,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	801,097					11.00
13.00	01300	NURSING ADMINISTRATION	43,041	6,997,089				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,319	0	16,788,338			14.00
15.00	01500	PHARMACY	32,730	0	50,817	9,248,745		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,421	330	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	15,020	0	325	0	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	258,989	3,656,993	1,063,523	28,369	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,739	510,132	206,288	12,479	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,030	428,847	80,967	2,205	0	35.00
43.00	04300	NURSERY	9,623	134,705	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	53,426	470,397	1,669,008	18,109	0	50.00
51.00	05100	RECOVERY ROOM	7,138	126,296	11,306	147	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,794	366,853	130,856	410	0	52.00
53.00	05300	ANESTHESIOLOGY	26,681	248,966	142,021	13,046	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	48,787	642	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,501	71,557	404,264	5,403	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,596	0	7,651	659	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	17,486	202,635	256,665	3,522	0	59.00
60.00	06000	LABORATORY	39,383	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,209	10,717	219,394	3,537	0	65.00
66.00	06600	PHYSICAL THERAPY	6,477	0	1,211	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,676	0	275	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,047	0	353	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,376	62,654	10,113	799	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,191	0	1,017	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,124,425	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,329,168	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,086,387	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,058	780	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	756,764	22,003	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	8,492	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	15,924	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	10,106	824	91,441	26,992	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	149	0	1,519	86	0	90.04
91.00	09100	EMERGENCY	70,522	705,183	458,893	12,642	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	791,670	6,997,089	16,095,525	8,238,217	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	931	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	690,371	5,467	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	2,442	1,005,061	0	193.01
193.02	19302	WHITE HOSPITAL	5,639	0	0	0	0	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
193.03	19303 HOSPICE	0	0	0	0	0	0 193.03
193.04	19304 FRANKFORT HOSPITAL	2,857	0	0	0	0	0 193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	801,097	6,997,089	16,788,338	9,248,745	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Part I  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS		
	17.00	18.00	22.00	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570 ADMITTING					5.01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	604,346				17.00
18.00 01850 PATIENT TRANSPORT SERVICES	0	1,076,902			18.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	549,017	978,310	0	51,992,209	0 30.00
31.00 03100 INTENSIVE CARE UNIT	46,566	82,977	0	7,184,674	0 31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	5,574,210	0 35.00
43.00 04300 NURSERY	0	0	0	1,812,388	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	13,062,989	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0	1,554,352	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,763	15,615	0	5,816,599	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,893,015	0 53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	73,228	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,083,103	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	657,553	0 56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,631,291	0 59.00
60.00 06000 LABORATORY	0	0	0	11,841,035	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	966,927	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	3,189,201	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	918,564	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	466,680	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	325,392	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,478,914	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	132,403	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,903,551	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,917,196	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	46,624,871	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	930,316	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	8,123,691	0 75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	796,449	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 04950 SLEEP CLINIC	0	0	0	976,071	0 90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	4,065,969	0 90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	424,754	0 90.04
91.00 09100 EMERGENCY	0	0	0	13,581,898	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	604,346	1,076,902	0	235,999,493	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	460,536	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:  
From 01/01/2017  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
	17.00	18.00	22.00	24.00	25.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	135,954,003	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	0	2,565,631	0	193.01
193.02 19302 WHITE HOSPITAL	0	0	0	1,535,906	0	193.02
193.03 19303 HOSPICE	0	0	0	3,068	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	0	0	943,721	0	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	604,346	1,076,902	0	377,462,358	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMINISTRATION	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	ASC ANESTHESIOLOGY	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	ASC (NON-DISTINCT PART)	75.01
76.00	03950	CARDIAC CATHETERIZATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	04950	SLEEP CLINIC	90.01
90.03	09002	ARNETT CANCER CARE CENTER	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
193.01	19301	RETAIL PHARMACY	193.01
193.02	19302	WHITE HOSPITAL	193.02
193.03	19303	HOSPICE	193.03
193.04	19304	FRANKFORT HOSPITAL	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:  
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Cost Center Description		Total	
		26.00	
194.00	07950	MARKETING/PUBLIC RELATIONS	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	377,462,358

194.00  
200.00  
201.00  
202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400	0	0	0	0	0	4.00
5.01	00570	0	54,650	19,597	104,694	38,532	5.01
5.06	00590	0	163,459	264,071	313,142	115,250	5.06
7.00	00700	0	1,196,444	0	2,292,047	843,572	7.00
7.01	00701	0	0	19,839	0	0	7.01
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	35,135	1,008	67,310	24,773	9.00
10.00	01000	0	148,252	0	284,010	104,528	10.00
11.00	01100	0	71,114	0	136,234	50,140	11.00
13.00	01300	0	157,144	0	301,043	110,797	13.00
14.00	01400	0	314,655	510	602,790	221,853	14.00
15.00	01500	0	67,833	353	129,950	47,827	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	20,082	0	38,471	14,159	18.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	1,701,217	0	3,259,049	1,199,468	30.00
31.00	03100	0	169,990	0	325,652	119,854	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	0	143,071	0	274,084	100,875	35.00
43.00	04300	0	70,240	0	134,560	49,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	443,976	1,721	850,531	313,032	50.00
51.00	05100	0	62,269	0	119,289	43,904	51.00
52.00	05200	0	211,594	0	405,355	149,188	52.00
53.00	05300	0	16,372	995	31,364	11,543	53.00
53.01	05301	0	0	766	0	0	53.01
54.00	05400	0	233,592	0	447,497	164,698	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	27,241	0	52,185	19,206	56.00
59.00	05900	0	116,214	0	222,632	81,938	59.00
60.00	06000	0	138,809	7,930	265,920	97,870	60.00
63.00	06300	0	10,271	0	19,676	7,242	63.00
65.00	06500	0	24,696	0	47,310	17,412	65.00
66.00	06600	0	11,635	0	22,290	8,204	66.00
67.00	06700	0	5,488	0	10,513	3,869	67.00
68.00	06800	0	4,645	0	8,898	3,275	68.00
69.00	06900	0	34,752	0	66,575	24,503	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	23,853	0	45,695	16,818	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	222,672	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	18,622	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	40,463	0	0	90.01
90.03	09002	0	0	82,490	0	0	90.03
90.04	09003	0	47,675	0	91,332	33,614	90.04
91.00	09100	0	360,337	0	690,304	254,062	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		0	6,086,705	681,037	11,660,402	4,291,530	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	36,147	0	69,248	25,486	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	14,824	1,581,190	28,398	10,452	192.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02 19302 WHITE HOSPITAL	0	16,142	8,506	30,924	11,381	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	13,965	3,259	26,753	9,846	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	0	6,167,783	2,273,992	11,815,725	4,348,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:  
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To 12/31/2017

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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP						
	2.01	2A					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0			4.00
5.01 00570	ADMITTING	23,532	241,005	0	241,005		5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	317,098	1,173,020	0	0	1,173,020	5.06
7.00 00700	OPERATION OF PLANT	0	4,332,063	0	0	50,213	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	23,823	43,662	0	0	18,762	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	123	8.00
9.00 00900	HOUSEKEEPING	1,210	129,436	0	0	14,808	9.00
10.00 01000	DIETARY	0	536,790	0	0	7,380	10.00
11.00 01100	CAFETERIA	0	257,488	0	0	1,623	11.00
13.00 01300	NURSING ADMINISTRATION	0	568,984	0	0	19,697	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	613	1,140,421	0	0	48,314	14.00
15.00 01500	PHARMACY	424	246,387	0	0	27,653	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,857	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	72,712	0	0	3,054	18.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	6,159,734	0	18,744	112,128	30.00
31.00 03100	INTENSIVE CARE UNIT	0	615,496	0	1,959	16,774	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	518,030	0	2,802	13,900	35.00
43.00 04300	NURSERY	0	254,324	0	665	4,328	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	2,066	1,611,326	0	20,872	28,282	50.00
51.00 05100	RECOVERY ROOM	0	225,462	0	2,425	3,621	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	766,137	0	3,885	13,635	52.00
53.00 05300	ANESTHESIOLOGY	1,194	61,468	0	4,412	19,872	53.00
53.01 05301	ASC ANESTHESIOLOGY	919	1,685	0	598	64	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	845,787	0	13,955	20,639	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	98,632	0	1,936	1,678	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	420,784	0	7,469	11,479	59.00
60.00 06000	LABORATORY	9,523	520,052	0	12,725	34,881	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	37,189	0	630	2,880	63.00
65.00 06500	RESPIRATORY THERAPY	0	89,418	0	2,441	8,812	65.00
66.00 06600	PHYSICAL THERAPY	0	42,129	0	621	2,689	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,870	0	293	1,371	67.00
68.00 06800	SPEECH PATHOLOGY	0	16,818	0	248	947	68.00
69.00 06900	ELECTROCARDIOLOGY	0	125,830	0	4,396	6,986	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	200	405	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,455	27,285	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,388	42,231	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,974	119,775	73.00
74.00 07400	RENAL DIALYSIS	0	86,366	0	276	2,586	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	267,386	490,058	0	19,627	19,858	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	22,361	40,983	0	19	2,201	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	48,588	89,051	0	1,325	2,445	90.01
90.03 09002	ARNETT CANCER CARE CENTER	99,055	181,545	0	3,217	11,135	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	172,621	0	98	732	90.04
91.00 09100	EMERGENCY	0	1,304,703	0	27,289	33,921	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	817,792	23,537,466	0	196,944	761,024	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	130,881	0	0	988	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,898,699	3,533,563	0	43,306	398,999	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
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Cost Center Description			CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	ADMI TTING	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2. 01	2A	4. 00	5. 01	5. 06	
193.01	19301	RETAI L PHARMACY	0	0	0	755	4,843	193.01
193.02	19302	WHI TE HOSPI TAL	10,214	77,167	0	0	4,446	193.02
193.03	19303	HOSPI CE	0	0	0	0	10	193.03
193.04	19304	FRANKFORT HOSPI TAL	3,913	57,736	0	0	2,710	193.04
194.00	07950	MARKETING/PUBLI C RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,730,618	27,336,813	0	241,005	1,173,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	4,382,276					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	62,424				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	123			8.00
9.00	00900	HOUSEKEEPING	32,393	32	0	176,669		9.00
10.00	01000	DIETARY	136,682	0	0	2,807	683,659	10.00
11.00	01100	CAFETERIA	65,564	0	0	1,346	0	11.00
13.00	01300	NURSING ADMINISTRATION	144,880	0	0	2,975	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	290,099	16	0	5,979	0	14.00
15.00	01500	PHARMACY	62,540	11	0	1,300	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	18,515	0	0	380	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,568,451	0	64	32,206	621,069	30.00
31.00	03100	INTENSIVE CARE UNIT	156,723	0	5	3,218	52,677	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	131,905	0	1	2,708	0	35.00
43.00	04300	NURSERY	64,758	0	0	1,330	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	409,327	55	9	8,481	0	50.00
51.00	05100	RECOVERY ROOM	57,409	0	0	1,179	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	195,081	0	10	4,006	9,913	52.00
53.00	05300	ANESTHESIOLOGY	15,094	32	0	354	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	24	0	34	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,362	0	7	4,422	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	25,115	0	0	516	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	107,144	0	5	2,200	0	59.00
60.00	06000	LABORATORY	127,976	251	0	2,980	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,469	0	0	194	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,769	0	0	468	0	65.00
66.00	06600	PHYSICAL THERAPY	10,727	0	0	220	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,060	0	0	104	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,282	0	0	88	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,040	0	0	658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21,991	0	0	452	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	7,054	0	9,876	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	590	0	826	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	1,282	0	1,795	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	2,613	0	3,659	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	43,954	0	1	903	0	90.04
91.00	09100	EMERGENCY	332,216	0	21	6,822	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,307,526	11,960	123	104,486	683,659	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,326	0	0	684	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,667	50,092	0	70,407	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	14,882	269	0	683	0	193.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Period:  
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To 12/31/2017

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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	12,875	103	0	409	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,382,276	62,424	123	176,669	683,659	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & 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
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	326,021					11.00
13.00	01300	NURSING ADMINISTRATION	17,516	754,052				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,572	0	1,487,401			14.00
15.00	01500	PHARMACY	13,320	0	4,502	355,713		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,613	36	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	6,113	0	29	0	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	105,399	394,101	94,224	1,091	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,324	54,975	18,276	480	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,407	46,215	7,173	85	0	35.00
43.00	04300	NURSERY	3,916	14,517	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	21,743	50,693	147,868	696	0	50.00
51.00	05100	RECOVERY ROOM	2,905	13,611	1,002	6	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,532	39,535	11,593	16	0	52.00
53.00	05300	ANESTHESIOLOGY	10,858	26,830	12,583	502	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	4,322	25	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,297	7,711	35,816	208	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,057	0	678	25	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,116	21,837	22,740	135	0	59.00
60.00	06000	LABORATORY	16,028	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,445	1,155	19,438	136	0	65.00
66.00	06600	PHYSICAL THERAPY	2,636	0	107	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,496	0	24	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	833	0	31	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,699	6,752	896	31	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	485	0	90	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	365,410	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	560,756	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	311,009	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	360	30	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	67,047	846	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	752	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	1,411	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	4,113	89	8,101	1,038	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	61	0	135	3	0	90.04
91.00	09100	EMERGENCY	28,700	75,995	40,656	486	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	322,184	754,052	1,426,020	316,848	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	379	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	61,165	210	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	216	38,655	0	193.01
193.02	19302	WHITE HOSPITAL	2,295	0	0	0	0	193.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
193.03	19303 HOSPICE	0	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,163	0	0	0	0	0	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	326,021	754,052	1,487,401	355,713		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
	17.00	18.00	22.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMINISTRATIVE				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	4,506			17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	100,803		18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	4,094	91,574	9,202,879	0 30.00
31.00	03100	INTENSIVE CARE UNIT	347	7,767	942,021	0 31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0 33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0 33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	734,226	0 35.00
43.00	04300	NURSERY	0	0	343,838	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	2,299,352	0 50.00
51.00	05100	RECOVERY ROOM	0	0	307,620	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65	1,462	1,057,870	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	152,005	0 53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	6,752	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,161,204	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	129,637	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	600,909	0 59.00
60.00	06000	LABORATORY	0	0	714,893	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	50,362	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	154,082	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	59,129	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	28,218	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23,247	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	186,288	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,180	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	398,150	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	616,375	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	455,758	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	112,061	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	614,366	0 75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	45,371	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	0 90.00
90.01	04950	SLEEP CLINIC	0	0	97,309	0 90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	215,510	0 90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	218,508	0 90.04
91.00	09100	EMERGENCY	0	0	1,850,809	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0 93.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,506	100,803	0	22,779,929 0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	166,258	0 190.00
191.00	19100	RESEARCH	0	0	0	0 191.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		PATIENT TRANSPORT SERVICES	SERVICES-OTHER PRGM. COSTS			
	17.00	18.00	22.00	24.00	25.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		4,171,409	0	192.00
193.00 19300 NONPAID WORKERS	0	0		0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0		44,469	0	193.01
193.02 19302 WHITE HOSPITAL	0	0		99,742	0	193.02
193.03 19303 HOSPICE	0	0		10	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	0		74,996	0	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0		0	0	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,506	100,803	0	27,336,813	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMINISTRATION	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	9,202,879
31.00	03100	INTENSIVE CARE UNIT	942,021
33.00	03300	BURN INTENSIVE CARE UNIT	0
33.01	03301	BURN INTENSIVE CARE UNIT	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	734,226
43.00	04300	NURSERY	343,838
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	2,299,352
51.00	05100	RECOVERY ROOM	307,620
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,057,870
53.00	05300	ANESTHESIOLOGY	152,005
53.01	05301	ASC ANESTHESIOLOGY	6,752
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,204
55.00	05500	RADIOLOGY-THERAPEUTIC	0
56.00	05600	RADIOISOTOPE	129,637
59.00	05900	CARDIAC CATHETERIZATION	600,909
60.00	06000	LABORATORY	714,893
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,362
65.00	06500	RESPIRATORY THERAPY	154,082
66.00	06600	PHYSICAL THERAPY	59,129
67.00	06700	OCCUPATIONAL THERAPY	28,218
68.00	06800	SPEECH PATHOLOGY	23,247
69.00	06900	ELECTROCARDIOLOGY	186,288
70.00	07000	ELECTROENCEPHALOGRAPHY	1,180
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	398,150
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	616,375
73.00	07300	DRUGS CHARGED TO PATIENTS	455,758
74.00	07400	RENAL DIALYSIS	112,061
75.00	07500	ASC (NON-DISTINCT PART)	0
75.01	07501	ASC (NON-DISTINCT PART)	614,366
76.00	03950	CARDIAC CATHETERIZATION	0
76.97	07697	CARDIAC REHABILITATION	45,371
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	0
90.01	04950	SLEEP CLINIC	97,309
90.03	09002	ARNETT CANCER CARE CENTER	215,510
90.04	09003	OUTPATIENT INFUSION CENTER	218,508
91.00	09100	EMERGENCY	1,850,809
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0
93.00	04951	OTHER OUTPATIENT SERVICES	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,779,929
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,258
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,171,409
193.00	19300	NONPAID WORKERS	0
193.01	19301	RETAIL PHARMACY	44,469
193.02	19302	WHITE HOSPITAL	99,742
193.03	19303	HOSPICE	10
193.04	19304	FRANKFORT HOSPITAL	74,996

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/25/2018 10:19 am
Cost Center Description		Total		
		26.00		
194.00	07950 MARKETING/PUBLIC RELATIONS	0		194.00
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	27,336,813		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	402,345					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	347,534				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	402,345			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				402,345		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	347,534	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	3,565	2,995	3,565	3,565	2,995	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,663	40,358	10,663	10,663	40,358	5.06
7.00	00700	OPERATION OF PLANT	78,048	0	78,048	78,048	0	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	3,032	0	0	3,032	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,292	154	2,292	2,292	154	9.00
10.00	01000	DIETARY	9,671	0	9,671	9,671	0	10.00
11.00	01100	CAFETERIA	4,639	0	4,639	4,639	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,251	0	10,251	10,251	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,526	78	20,526	20,526	78	14.00
15.00	01500	PHARMACY	4,425	54	4,425	4,425	54	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,310	0	1,310	1,310	0	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	110,976	0	110,976	110,976	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,089	0	11,089	11,089	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,333	0	9,333	9,333	0	35.00
43.00	04300	NURSERY	4,582	0	4,582	4,582	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,962	263	28,962	28,962	263	50.00
51.00	05100	RECOVERY ROOM	4,062	0	4,062	4,062	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,803	0	13,803	13,803	0	52.00
53.00	05300	ANESTHESIOLOGY	1,068	152	1,068	1,068	152	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	117	0	0	117	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,238	0	15,238	15,238	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,777	0	1,777	1,777	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,581	0	7,581	7,581	0	59.00
60.00	06000	LABORATORY	9,055	1,212	9,055	9,055	1,212	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	670	0	670	670	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,611	0	1,611	1,611	0	65.00
66.00	06600	PHYSICAL THERAPY	759	0	759	759	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	358	0	358	358	0	67.00
68.00	06800	SPEECH PATHOLOGY	303	0	303	303	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,267	0	2,267	2,267	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,556	0	1,556	1,556	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	34,031	0	0	34,031	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	2,846	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	6,184	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	12,607	0	0	12,607	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	3,110	0	3,110	3,110	0	90.04
91.00	09100	EMERGENCY	23,506	0	23,506	23,506	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,056	104,083	397,056	397,056	104,083	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,358	0	2,358	2,358	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	967	241,653	967	967	241,653	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,053	1,300	1,053	1,053	1,300	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	911	498	911	911	498	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	6,167,783	2,273,992	11,815,725	4,348,695	2,730,618	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.329588	6.543222	29.367148	10.808373	7.857125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,040,067					4.00
5.01	00570	ADMITTING	3,068,888	1,512,487,143				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,350,481	0	-62,613,663	314,848,695		5.06
7.00	00700	OPERATION OF PLANT	1,524,647	0	0	13,476,369	310,069	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	301,021	0	0	5,035,493	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	33,109	0	8.00
9.00	00900	HOUSEKEEPING	2,465,569	0	0	3,974,224	2,292	9.00
10.00	01000	DIETARY	541,920	0	0	1,980,793	9,671	10.00
11.00	01100	CAFETERIA	314,847	0	0	435,525	4,639	11.00
13.00	01300	NURSING ADMINISTRATION	3,648,437	0	0	5,286,331	10,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	280,203	0	0	12,966,818	20,526	14.00
15.00	01500	PHARMACY	2,842,186	0	0	7,421,655	4,425	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	398,813	0	0	498,466	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	456,202	0	0	819,758	1,310	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,533,221	117,888,237	0	30,093,379	110,976	30.00
31.00	03100	INTENSIVE CARE UNIT	2,320,068	12,323,588	0	4,501,915	11,089	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,369,187	17,624,653	0	3,730,604	9,333	35.00
43.00	04300	NURSERY	711,102	4,184,390	0	1,161,535	4,582	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,028,830	131,269,384	0	7,590,545	28,962	50.00
51.00	05100	RECOVERY ROOM	557,101	15,250,965	0	971,801	4,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,225,214	24,432,116	0	3,659,308	13,803	52.00
53.00	05300	ANESTHESIOLOGY	8,094,033	27,751,033	0	5,333,202	1,068	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	3,759,364	0	17,112	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,199,820	87,766,424	0	5,539,149	15,238	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	188,163	12,173,076	0	450,249	1,777	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,353,599	46,973,655	0	3,080,793	7,581	59.00
60.00	06000	LABORATORY	0	80,031,574	0	9,361,421	9,055	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,961,796	0	772,926	670	63.00
65.00	06500	RESPIRATORY THERAPY	1,515,653	15,351,967	0	2,365,120	1,611	65.00
66.00	06600	PHYSICAL THERAPY	537,232	3,907,221	0	721,709	759	66.00
67.00	06700	OCCUPATIONAL THERAPY	274,837	1,844,352	0	368,014	358	67.00
68.00	06800	SPEECH PATHOLOGY	158,512	1,560,004	0	254,216	303	68.00
69.00	06900	ELECTROCARDIOLOGY	1,333,349	27,650,032	0	1,874,808	2,267	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,688	1,260,612	0	108,598	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,307,812	0	7,322,840	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,201,805	0	11,334,039	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,066,680	0	32,145,701	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,733,455	0	693,912	1,556	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,963,560	123,441,061	0	5,329,637	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	303,019	116,531	0	590,605	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	411,740	8,335,867	0	656,066	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	736,754	20,234,238	0	2,988,381	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	15,112	615,286	0	196,510	3,110	90.04
91.00	09100	EMERGENCY	4,428,567	171,631,443	0	9,103,990	23,506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,536,575	1,238,648,621	-62,613,663	204,246,626	304,780	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,934	0	0	265,091	2,358	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,920,923	269,092,051	0	107,114,149	967	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
193.01	19301	RETAIL PHARMACY	650,876	4,746,471	0	1,299,665	0	193.01
193.02	19302	WHITE HOSPITAL	568,944	0	0	1,193,174	1,053	193.02
193.03	19303	HOSPICE	0	0	0	2,559	0	193.03
193.04	19304	FRANKFORT HOSPITAL	328,815	0	0	727,431	911	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	26,674,357	4,636,261		62,613,663	16,156,401	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.157799	0.003065		0.198869	52.105825	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	241,005		1,173,020	4,382,276	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000159		0.003726	14.133228	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: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)		
		7.01	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00570	ADMITTING					5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	301,149				7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	792,262			8.00	
9.00	00900	HOUSEKEEPING	154	0	608,771		9.00	
10.00	01000	DIETARY	0	0	9,671	35,794	10.00	
11.00	01100	CAFETERIA	0	0	4,639	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	10,251	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	78	194	20,604	0	14.00	
15.00	01500	PHARMACY	54	0	4,479	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,310	0	18.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	398,982	110,976	32,517	27,830	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,534	11,089	2,758	3,518	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	8,562	9,333	0	3,012	35.00
43.00	04300	NURSERY	0	0	4,582	0	1,034	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	263	60,018	29,225	0	5,741	50.00
51.00	05100	RECOVERY ROOM	0	2,796	4,062	0	767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	67,610	13,803	519	3,309	52.00
53.00	05300	ANESTHESIOLOGY	152	0	1,220	0	2,867	53.00
53.01	05301	ASC ANESTHESIOLOGY	117	0	117	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,838	15,238	0	4,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,777	0	279	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,794	7,581	0	1,879	59.00
60.00	06000	LABORATORY	1,212	0	10,267	0	4,232	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	670	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,611	0	2,494	65.00
66.00	06600	PHYSICAL THERAPY	0	0	759	0	696	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	358	0	395	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	303	0	220	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,267	0	2,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,556	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	34,031	0	34,031	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,846	0	2,846	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	6,184	0	6,184	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	12,607	0	12,607	0	1,086	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	7,880	3,110	0	16	90.04
91.00	09100	EMERGENCY	0	133,054	23,506	0	7,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,698	792,262	360,032	35,794	85,070	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,358	0	100	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	241,653	0	242,619	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
193.02	19302 WHITE HOSPITAL	1,300	0	2,352	0	606	193.02
193.03	19303 HOSPICE	0	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	498	0	1,410	0	307	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	6,036,896	39,693	4,887,088	2,956,263	801,097	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.046210	0.050101	8.027794	82.591021	9.306100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	62,424	123	176,669	683,659	326,021	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.207286	0.000155	0.290206	19.099821	3.787287	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: 15-0173

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	42,438					13.00
14.00	01400	0	29,379,363				14.00
15.00	01500	0	88,929	36,215,794			15.00
16.00	01600	0	0	0	1,512,487,143		16.00
17.00	01700	2	0	0	0	35,794	17.00
18.00	01850	0	568	0	0	0	18.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	22,180	1,861,151	111,084	117,888,237	32,517	30.00
31.00	03100	3,094	361,002	48,864	12,323,588	2,758	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	2,601	141,692	8,636	17,624,653	0	35.00
43.00	04300	817	0	0	4,184,390	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,853	2,920,741	70,909	131,269,384	0	50.00
51.00	05100	766	19,785	575	15,250,965	0	51.00
52.00	05200	2,225	228,996	1,607	24,432,116	519	52.00
53.00	05300	1,510	248,534	51,086	27,751,033	0	53.00
53.01	05301	0	85,376	2,512	3,759,364	0	53.01
54.00	05400	434	707,457	21,155	87,766,424	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	13,390	2,582	12,173,076	0	56.00
59.00	05900	1,229	449,160	13,791	46,973,655	0	59.00
60.00	06000	0	0	0	80,031,574	0	60.00
63.00	06300	0	0	0	3,961,796	0	63.00
65.00	06500	65	383,937	13,850	15,351,967	0	65.00
66.00	06600	0	2,120	0	3,907,221	0	66.00
67.00	06700	0	481	0	1,844,352	0	67.00
68.00	06800	0	617	0	1,560,004	0	68.00
69.00	06900	380	17,697	3,129	27,650,032	0	69.00
70.00	07000	0	1,779	0	1,260,612	0	70.00
71.00	07100	0	7,217,687	0	34,307,812	0	71.00
72.00	07200	0	11,075,960	0	84,201,805	0	72.00
73.00	07300	0	0	31,664,292	157,066,680	0	73.00
74.00	07400	0	7,101	3,054	1,733,455	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,324,327	86,160	123,441,061	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	14,861	0	116,531	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	27,866	0	8,335,867	0	90.01
90.03	09002	5	160,021	105,695	20,234,238	0	90.03
90.04	09003	0	2,658	337	615,286	0	90.04
91.00	09100	4,277	803,056	49,503	171,631,443	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		42,438	28,166,949	32,258,821	1,238,648,621	35,794	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	1,208,140	21,407	269,092,051	0	192.00
193.00	19300	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
193.01	19301	RETAIL PHARMACY	0	4,274	3,935,566	4,746,471	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	6,997,089	16,788,338	9,248,745	0	604,346	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	164.877916	0.571433	0.255379	0.000000	16.884003	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	754,052	1,487,401	355,713	0	4,506	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.768321	0.050627	0.009822	0.000000	0.125887	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
		PATIENT TRANSPORT SERVICES (PATIENT DAYS)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
		18.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORT SERVICES	35,794	18.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	32,517	30.00
31.00	03100	INTENSIVE CARE UNIT	2,758	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	519	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.01	04950	SLEEP CLINIC	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,794	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	PATIENT TRANSPORT SERVICES (PATIENT DAYS)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
	18.00	22.00	
193.00 19300 NONPAID WORKERS	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	193.01
193.02 19302 WHITE HOSPITAL	0	0	193.02
193.03 19303 HOSPICE	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	0	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	194.00
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)	1,076,902	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	30.086104	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	100,803	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.816198	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		51,992,209	188,350	52,180,559	30.00
31.00	03100 INTENSIVE CARE UNIT		7,184,674	201,638	7,386,312	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,574,210	347,182	5,921,392	35.00
43.00	04300 NURSERY		1,812,388	0	1,812,388	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,062,989	0	13,062,989	50.00
51.00	05100 RECOVERY ROOM		1,554,352	0	1,554,352	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,816,599	0	5,816,599	52.00
53.00	05300 ANESTHESIOLOGY		6,893,015	370,781	7,263,796	53.00
53.01	05301 ASC ANESTHESIOLOGY		73,228	0	73,228	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,083,103	0	8,083,103	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		657,553	0	657,553	56.00
59.00	05900 CARDIAC CATHETERIZATION		4,631,291	0	4,631,291	59.00
60.00	06000 LABORATORY		11,841,035	0	11,841,035	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		966,927	0	966,927	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,189,201	0	3,189,201	65.00
66.00	06600 PHYSICAL THERAPY	0	918,564	0	918,564	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	466,680	0	466,680	67.00
68.00	06800 SPEECH PATHOLOGY	0	325,392	0	325,392	68.00
69.00	06900 ELECTROCARDIOLOGY		2,478,914	0	2,478,914	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		132,403	0	132,403	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,903,551	0	12,903,551	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		19,917,196	0	19,917,196	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,624,871	0	46,624,871	73.00
74.00	07400 RENAL DIALYSIS		930,316	0	930,316	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		8,123,691	0	8,123,691	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		796,449	0	796,449	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		976,071	0	976,071	90.01
90.03	09002 ARNETT CANCER CARE CENTER		4,065,969	0	4,065,969	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		424,754	0	424,754	90.04
91.00	09100 EMERGENCY		13,581,898	0	13,581,898	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,251,603	0	8,251,603	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
200.00	Subtotal (see instructions)	0	244,251,096	1,107,951	245,359,047	200.00
201.00	Less Observation Beds		8,251,603	0	8,251,603	201.00
202.00	Total (see instructions)	0	235,999,493	1,107,951	237,107,444	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	85,380,012		85,380,012		30.00
31.00	03100	INTENSIVE CARE UNIT	12,323,588		12,323,588		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,902,704		14,902,704		35.00
43.00	04300	NURSERY	4,184,390		4,184,390		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	56,833,647	74,435,737	131,269,384	0.099513	50.00
51.00	05100	RECOVERY ROOM	5,076,263	10,174,702	15,250,965	0.101918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,532,304	1,899,812	24,432,116	0.238072	52.00
53.00	05300	ANESTHESIOLOGY	3,691,606	4,284,899	7,976,505	0.864165	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,152	3,752,212	3,759,364	0.019479	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,112,846	55,600,646	87,713,492	0.092153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,537,460	10,635,616	12,173,076	0.054017	56.00
59.00	05900	CARDIAC CATHETERIZATION	25,594,140	21,379,515	46,973,655	0.098593	59.00
60.00	06000	LABORATORY	31,043,757	48,239,441	79,283,198	0.149351	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	3,140,879	820,917	3,961,796	0.244063	63.00
65.00	06500	RESPIRATORY THERAPY	13,256,202	2,095,765	15,351,967	0.207739	65.00
66.00	06600	PHYSICAL THERAPY	3,566,369	340,852	3,907,221	0.235094	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,677,484	166,868	1,844,352	0.253032	67.00
68.00	06800	SPEECH PATHOLOGY	1,355,370	204,634	1,560,004	0.208584	68.00
69.00	06900	ELECTROCARDIOLOGY	14,240,412	13,409,620	27,650,032	0.089653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	919,516	341,096	1,260,612	0.105031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,872,806	19,435,006	34,307,812	0.376111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,623,963	37,577,842	84,201,805	0.236541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,437,454	102,629,226	157,066,680	0.296848	73.00
74.00	07400	RENAL DIALYSIS	1,645,812	87,643	1,733,455	0.536683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	199,262	123,241,799	123,441,061	0.065810	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	85,513	29,444	114,957	6.928234	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	8,335,867	8,335,867	0.117093	90.01
90.03	09002	ARNETT CANCER CARE CENTER	210,095	20,024,143	20,234,238	0.200945	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	6,216	609,070	615,286	0.690336	90.04
91.00	09100	EMERGENCY	33,948,668	137,682,737	171,631,405	0.079134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,113,221	20,071,094	22,184,315	0.371957	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	487,519,111	717,506,203	1,205,025,314		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	487,519,111	717,506,203	1,205,025,314		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/25/2018 10:19 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099513		50.00
51.00	05100	RECOVERY ROOM	0.101918		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238072		52.00
53.00	05300	ANESTHESIOLOGY	0.910649		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.019479		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092153		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.054017		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.098593		59.00
60.00	06000	LABORATORY	0.149351		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244063		63.00
65.00	06500	RESPIRATORY THERAPY	0.207739		65.00
66.00	06600	PHYSICAL THERAPY	0.235094		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253032		67.00
68.00	06800	SPEECH PATHOLOGY	0.208584		68.00
69.00	06900	ELECTROCARDIOLOGY	0.089653		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105031		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236541		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.296848		73.00
74.00	07400	RENAL DIALYSIS	0.536683		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.065810		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	6.928234		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.117093		90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.200945		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.690336		90.04
91.00	09100	EMERGENCY	0.079134		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371957		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		51,992,209	188,350	52,180,559	30.00
31.00	03100 INTENSIVE CARE UNIT		7,184,674	201,638	7,386,312	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,574,210	347,182	5,921,392	35.00
43.00	04300 NURSERY		1,812,388	0	1,812,388	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,062,989	0	13,062,989	50.00
51.00	05100 RECOVERY ROOM		1,554,352	0	1,554,352	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,816,599	0	5,816,599	52.00
53.00	05300 ANESTHESIOLOGY		6,893,015	370,781	7,263,796	53.00
53.01	05301 ASC ANESTHESIOLOGY		73,228	0	73,228	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,083,103	0	8,083,103	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		657,553	0	657,553	56.00
59.00	05900 CARDIAC CATHETERIZATION		4,631,291	0	4,631,291	59.00
60.00	06000 LABORATORY		11,841,035	0	11,841,035	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		966,927	0	966,927	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,189,201	0	3,189,201	65.00
66.00	06600 PHYSICAL THERAPY	0	918,564	0	918,564	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	466,680	0	466,680	67.00
68.00	06800 SPEECH PATHOLOGY	0	325,392	0	325,392	68.00
69.00	06900 ELECTROCARDIOLOGY		2,478,914	0	2,478,914	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		132,403	0	132,403	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,903,551	0	12,903,551	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		19,917,196	0	19,917,196	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,624,871	0	46,624,871	73.00
74.00	07400 RENAL DIALYSIS		930,316	0	930,316	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		8,123,691	0	8,123,691	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		796,449	0	796,449	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		976,071	0	976,071	90.01
90.03	09002 ARNETT CANCER CARE CENTER		4,065,969	0	4,065,969	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		424,754	0	424,754	90.04
91.00	09100 EMERGENCY		13,581,898	0	13,581,898	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,251,603	0	8,251,603	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
200.00	Subtotal (see instructions)	0	244,251,096	1,107,951	245,359,047	200.00
201.00	Less Observation Beds		8,251,603	0	8,251,603	201.00
202.00	Total (see instructions)	0	235,999,493	1,107,951	237,107,444	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

		Title XIX			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	85,380,012		85,380,012		30.00
31.00	03100	INTENSIVE CARE UNIT	12,323,588		12,323,588		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,902,704		14,902,704		35.00
43.00	04300	NURSERY	4,184,390		4,184,390		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	56,833,647	74,435,737	131,269,384	0.099513	50.00
51.00	05100	RECOVERY ROOM	5,076,263	10,174,702	15,250,965	0.101918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,532,304	1,899,812	24,432,116	0.238072	52.00
53.00	05300	ANESTHESIOLOGY	3,691,606	4,284,899	7,976,505	0.864165	53.00
53.01	05301	ASC ANESTHESIOLOGY	7,152	3,752,212	3,759,364	0.019479	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,112,846	55,600,646	87,713,492	0.092153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,537,460	10,635,616	12,173,076	0.054017	56.00
59.00	05900	CARDIAC CATHETERIZATION	25,594,140	21,379,515	46,973,655	0.098593	59.00
60.00	06000	LABORATORY	31,043,757	48,239,441	79,283,198	0.149351	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	3,140,879	820,917	3,961,796	0.244063	63.00
65.00	06500	RESPIRATORY THERAPY	13,256,202	2,095,765	15,351,967	0.207739	65.00
66.00	06600	PHYSICAL THERAPY	3,566,369	340,852	3,907,221	0.235094	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,677,484	166,868	1,844,352	0.253032	67.00
68.00	06800	SPEECH PATHOLOGY	1,355,370	204,634	1,560,004	0.208584	68.00
69.00	06900	ELECTROCARDIOLOGY	14,240,412	13,409,620	27,650,032	0.089653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	919,516	341,096	1,260,612	0.105031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,872,806	19,435,006	34,307,812	0.376111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,623,963	37,577,842	84,201,805	0.236541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,437,454	102,629,226	157,066,680	0.296848	73.00
74.00	07400	RENAL DIALYSIS	1,645,812	87,643	1,733,455	0.536683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	199,262	123,241,799	123,441,061	0.065810	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	85,513	29,444	114,957	6.928234	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	8,335,867	8,335,867	0.117093	90.01
90.03	09002	ARNETT CANCER CARE CENTER	210,095	20,024,143	20,234,238	0.200945	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	6,216	609,070	615,286	0.690336	90.04
91.00	09100	EMERGENCY	33,948,668	137,682,737	171,631,405	0.079134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,113,221	20,071,094	22,184,315	0.371957	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	487,519,111	717,506,203	1,205,025,314		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	487,519,111	717,506,203	1,205,025,314		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/25/2018 10:19 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.099513	50.00
51.00	05100	RECOVERY ROOM	0.101918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238072	52.00
53.00	05300	ANESTHESIOLOGY	0.910649	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.019479	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.054017	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.098593	59.00
60.00	06000	LABORATORY	0.149351	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244063	63.00
65.00	06500	RESPIRATORY THERAPY	0.207739	65.00
66.00	06600	PHYSICAL THERAPY	0.235094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253032	67.00
68.00	06800	SPEECH PATHOLOGY	0.208584	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.296848	73.00
74.00	07400	RENAL DIALYSIS	0.536683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.065810	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6.928234	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP CLINIC	0.117093	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.200945	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.690336	90.04
91.00	09100	EMERGENCY	0.079134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371957	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	93.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 15-0173

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,062,989	2,299,352	10,763,637	0	0	50.00
51.00	05100	RECOVERY ROOM	1,554,352	307,620	1,246,732	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,816,599	1,057,870	4,758,729	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,893,015	152,005	6,741,010	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	73,228	6,752	66,476	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,083,103	1,161,204	6,921,899	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	657,553	129,637	527,916	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,631,291	600,909	4,030,382	0	0	59.00
60.00	06000	LABORATORY	11,841,035	714,893	11,126,142	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	966,927	50,362	916,565	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,189,201	154,082	3,035,119	0	0	65.00
66.00	06600	PHYSICAL THERAPY	918,564	59,129	859,435	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	466,680	28,218	438,462	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	325,392	23,247	302,145	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,478,914	186,288	2,292,626	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,403	1,180	131,223	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,903,551	398,150	12,505,401	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,917,196	616,375	19,300,821	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,624,871	455,758	46,169,113	0	0	73.00
74.00	07400	RENAL DIALYSIS	930,316	112,061	818,255	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,123,691	614,366	7,509,325	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	796,449	45,371	751,078	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	976,071	97,309	878,762	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	4,065,969	215,510	3,850,459	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	424,754	218,508	206,246	0	0	90.04
91.00	09100	EMERGENCY	13,581,898	1,850,809	11,731,089	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,251,603	1,455,302	6,796,301	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Subtotal (sum of lines 50 thru 199)	177,687,615	13,012,267	164,675,348	0	0	200.00
201.00		Less Observation Beds	8,251,603	1,455,302	6,796,301	0	0	201.00
202.00		Total (line 200 minus line 201)	169,436,012	11,556,965	157,879,047	0	0	202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/25/2018 10:19 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	13,062,989	131,269,384	0.099513		50.00
51.00	05100 RECOVERY ROOM	1,554,352	15,250,965	0.101918		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,816,599	24,432,116	0.238072		52.00
53.00	05300 ANESTHESIOLOGY	6,893,015	7,976,505	0.864165		53.00
53.01	05301 ASC ANESTHESIOLOGY	73,228	3,759,364	0.019479		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,083,103	87,713,492	0.092153		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	657,553	12,173,076	0.054017		56.00
59.00	05900 CARDIAC CATHETERIZATION	4,631,291	46,973,655	0.098593		59.00
60.00	06000 LABORATORY	11,841,035	79,283,198	0.149351		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	966,927	3,961,796	0.244063		63.00
65.00	06500 RESPIRATORY THERAPY	3,189,201	15,351,967	0.207739		65.00
66.00	06600 PHYSICAL THERAPY	918,564	3,907,221	0.235094		66.00
67.00	06700 OCCUPATIONAL THERAPY	466,680	1,844,352	0.253032		67.00
68.00	06800 SPEECH PATHOLOGY	325,392	1,560,004	0.208584		68.00
69.00	06900 ELECTROCARDIOLOGY	2,478,914	27,650,032	0.089653		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,403	1,260,612	0.105031		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,903,551	34,307,812	0.376111		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,917,196	84,201,805	0.236541		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,624,871	157,066,680	0.296848		73.00
74.00	07400 RENAL DIALYSIS	930,316	1,733,455	0.536683		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	8,123,691	123,441,061	0.065810		75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	796,449	114,957	6.928234		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 SLEEP CLINIC	976,071	8,335,867	0.117093		90.01
90.03	09002 ARNETT CANCER CARE CENTER	4,065,969	20,234,238	0.200945		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	424,754	615,286	0.690336		90.04
91.00	09100 EMERGENCY	13,581,898	171,631,405	0.079134		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,251,603	22,184,315	0.371957		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000		93.00
200.00	Subtotal (sum of lines 50 thru 199)	177,687,615	1,088,234,620			200.00
201.00	Less Observation Beds	8,251,603	0			201.00
202.00	Total (line 200 minus line 201)	169,436,012	1,088,234,620			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,202,879	0	9,202,879	38,625	238.26	30.00
31.00	INTENSIVE CARE UNIT	942,021		942,021	2,758	341.56	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	734,226		734,226	3,306	222.09	35.00
43.00	NURSERY	343,838		343,838	2,928	117.43	43.00
200.00	Total (lines 30 through 199)	11,222,964		11,222,964	47,617		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,507	3,694,698				
31.00	INTENSIVE CARE UNIT	1,300	444,028				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,807	4,138,726				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,299,352	131,269,384	0.017516	25,231,751	441,959	50.00
51.00	05100	RECOVERY ROOM	307,620	15,250,965	0.020171	2,207,484	44,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,057,870	24,432,116	0.043298	81,933	3,548	52.00
53.00	05300	ANESTHESIOLOGY	152,005	7,976,505	0.019057	1,608,429	30,652	53.00
53.01	05301	ASC ANESTHESIOLOGY	6,752	3,759,364	0.001796	5,379	10	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,204	87,713,492	0.013239	15,868,833	210,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	129,637	12,173,076	0.010649	829,438	8,833	56.00
59.00	05900	CARDIAC CATHETERIZATION	600,909	46,973,655	0.012792	11,397,872	145,802	59.00
60.00	06000	LABORATORY	714,893	79,283,198	0.009017	13,211,650	119,129	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,362	3,961,796	0.012712	1,755,554	22,317	63.00
65.00	06500	RESPIRATORY THERAPY	154,082	15,351,967	0.010037	6,385,823	64,095	65.00
66.00	06600	PHYSICAL THERAPY	59,129	3,907,221	0.015133	1,981,001	29,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,218	1,844,352	0.015300	928,144	14,201	67.00
68.00	06800	SPEECH PATHOLOGY	23,247	1,560,004	0.014902	828,211	12,342	68.00
69.00	06900	ELECTROCARDIOLOGY	186,288	27,650,032	0.006737	7,960,475	53,630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,180	1,260,612	0.000936	451,474	423	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	398,150	34,307,812	0.011605	6,748,886	78,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	616,375	84,201,805	0.007320	21,849,246	159,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	455,758	157,066,680	0.002902	24,912,503	72,296	73.00
74.00	07400	RENAL DIALYSIS	112,061	1,733,455	0.064646	1,070,004	69,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	614,366	123,441,061	0.004977	119,741	596	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,371	114,957	0.394678	35,393	13,969	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	97,309	8,335,867	0.011674	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	215,510	20,234,238	0.010651	101,598	1,082	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	218,508	615,286	0.355132	5,730	2,035	90.04
91.00	09100	EMERGENCY	1,850,809	171,631,405	0.010784	17,522,924	188,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,455,302	22,184,315	0.065600	1,164,558	76,395	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,012,267	1,088,234,620		164,264,034	1,864,301	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	38,625	0.00	15,507	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,758	0.00	1,300	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,306	0.00	0	35.00	
43.00	04300	NURSERY	0	0	2,928	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	47,617	0.00	16,807	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	131,269,384	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,250,965	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,432,116	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,976,505	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,759,364	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,713,492	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,173,076	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,973,655	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	79,283,198	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,961,796	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,351,967	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,907,221	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,844,352	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,560,004	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,650,032	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,260,612	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,307,812	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	84,201,805	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	157,066,680	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,733,455	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	123,441,061	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	114,957	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	8,335,867	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	20,234,238	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	615,286	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	171,631,405	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	22,184,315	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	1,088,234,620		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	25,231,751	0	19,565,659	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,207,484	0	2,391,962	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	81,933	0	40,800	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,608,429	0	985,456	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	5,379	0	854,790	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	15,868,833	0	18,097,517	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	829,438	0	4,236,373	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	11,397,872	0	9,348,302	0	59.00
60.00	06000 LABORATORY	0.000000	13,211,650	0	7,230,899	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,755,554	0	394,690	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,385,823	0	670,570	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,981,001	0	122,659	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	928,144	0	54,851	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	828,211	0	32,499	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,960,475	0	4,923,272	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	451,474	0	96,964	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,748,886	0	6,330,319	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,849,246	0	12,432,084	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	24,912,503	0	38,085,208	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,070,004	0	29,864	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	119,741	0	27,687,972	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	35,393	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	2,384,962	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	101,598	0	7,885,959	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	5,730	0	236,349	0	90.04
91.00	09100 EMERGENCY	0.000000	17,522,924	0	26,248,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,164,558	0	7,449,052	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		164,264,034	0	197,817,282	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.099513	19,565,659	0	0	1,947,037	50.00
51.00 05100 RECOVERY ROOM	0.101918	2,391,962	0	0	243,784	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.238072	40,800	0	0	9,713	52.00
53.00 05300 ANESTHESIOLOGY	0.864165	985,456	0	0	851,597	53.00
53.01 05301 ASC ANESTHESIOLOGY	0.019479	854,790	0	0	16,650	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.092153	18,097,517	0	0	1,667,740	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.054017	4,236,373	0	0	228,836	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.098593	9,348,302	0	0	921,677	59.00
60.00 06000 LABORATORY	0.149351	7,230,899	2,760	0	1,079,942	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.244063	394,690	0	0	96,329	63.00
65.00 06500 RESPIRATORY THERAPY	0.207739	670,570	0	0	139,304	65.00
66.00 06600 PHYSICAL THERAPY	0.235094	122,659	0	0	28,836	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.253032	54,851	0	0	13,879	67.00
68.00 06800 SPEECH PATHOLOGY	0.208584	32,499	0	0	6,779	68.00
69.00 06900 ELECTROCARDIOLOGY	0.089653	4,923,272	0	0	441,386	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.105031	96,964	0	0	10,184	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111	6,330,319	0	0	2,380,903	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.236541	12,432,084	25,256	0	2,940,698	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.296848	38,085,208	0	85,597	11,305,518	73.00
74.00 07400 RENAL DIALYSIS	0.536683	29,864	0	0	16,028	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0.065810	27,687,972	0	0	1,822,145	75.01
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	6.928234	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0.117093	2,384,962	0	0	279,262	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0.200945	7,885,959	0	0	1,584,644	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0.690336	236,349	0	0	163,160	90.04
91.00 09100 EMERGENCY	0.079134	26,248,250	0	152	2,077,129	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.371957	7,449,052	0	0	2,770,727	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)	197,817,282	28,016	85,749	33,043,887	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)	197,817,282	28,016	85,749	33,043,887	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	412	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,974	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,409	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	12	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
200.00	Subtotal (see instructions)	6,386	25,421	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	6,386	25,421	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,202,879	0	9,202,879	38,625	238.26	30.00
31.00	INTENSIVE CARE UNIT	942,021		942,021	2,758	341.56	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	734,226		734,226	3,306	222.09	35.00
43.00	NURSERY	343,838		343,838	2,928	117.43	43.00
200.00	Total (lines 30 through 199)	11,222,964		11,222,964	47,617		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	315	75,052				
31.00	INTENSIVE CARE UNIT	253	86,415				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	299	66,405				
43.00	NURSERY	1,320	155,008				
200.00	Total (lines 30 through 199)	2,187	382,880				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,299,352	131,269,384	0.017516	536,543	9,398	50.00
51.00	05100	RECOVERY ROOM	307,620	15,250,965	0.020171	54,213	1,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,057,870	24,432,116	0.043298	725,418	31,409	52.00
53.00	05300	ANESTHESIOLOGY	152,005	7,976,505	0.019057	36,770	701	53.00
53.01	05301	ASC ANESTHESIOLOGY	6,752	3,759,364	0.001796	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,161,204	87,713,492	0.013239	648,083	8,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	129,637	12,173,076	0.010649	19,747	210	56.00
59.00	05900	CARDIAC CATHETERIZATION	600,909	46,973,655	0.012792	41,327	529	59.00
60.00	06000	LABORATORY	714,893	79,283,198	0.009017	682,263	6,152	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,362	3,961,796	0.012712	167,949	2,135	63.00
65.00	06500	RESPIRATORY THERAPY	154,082	15,351,967	0.010037	312,296	3,135	65.00
66.00	06600	PHYSICAL THERAPY	59,129	3,907,221	0.015133	38,382	581	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,218	1,844,352	0.015300	24,467	374	67.00
68.00	06800	SPEECH PATHOLOGY	23,247	1,560,004	0.014902	27,551	411	68.00
69.00	06900	ELECTROCARDIOLOGY	186,288	27,650,032	0.006737	142,896	963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,180	1,260,612	0.000936	19,660	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	398,150	34,307,812	0.011605	249,853	2,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	616,375	84,201,805	0.007320	253,870	1,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	455,758	157,066,680	0.002902	1,479,084	4,292	73.00
74.00	07400	RENAL DIALYSIS	112,061	1,733,455	0.064646	8,316	538	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	614,366	123,441,061	0.004977	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	45,371	114,957	0.394678	279	110	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	97,309	8,335,867	0.011674	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	215,510	20,234,238	0.010651	7,299	78	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	218,508	615,286	0.355132	0	0	90.04
91.00	09100	EMERGENCY	1,850,809	171,631,405	0.010784	553,184	5,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,455,302	22,184,315	0.065600	24,274	1,592	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	13,012,267	1,088,234,620		6,053,724	83,024	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	38,625	0.00	315	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,758	0.00	253	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,306	0.00	299	35.00	
43.00	04300	NURSERY	0	0	2,928	0.00	1,320	43.00	
200.00		Total (lines 30 through 199)	0	0	47,617	0.00	2,187	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	131,269,384	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,250,965	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,432,116	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,976,505	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,759,364	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,713,492	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,173,076	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,973,655	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	79,283,198	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,961,796	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,351,967	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,907,221	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,844,352	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,560,004	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,650,032	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,260,612	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,307,812	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	84,201,805	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	157,066,680	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,733,455	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	123,441,061	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	114,957	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	8,335,867	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	20,234,238	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	615,286	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	171,631,405	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	22,184,315	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	1,088,234,620		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/25/2018 10:19 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	536,543	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	54,213	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	725,418	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	36,770	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	648,083	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	19,747	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	41,327	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	682,263	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	167,949	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	312,296	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	38,382	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	24,467	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	27,551	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	142,896	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	19,660	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	249,853	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	253,870	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,479,084	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	8,316	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	279	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	7,299	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	553,184	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	24,274	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		6,053,724	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/25/2018 10:19 am
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		Title XIX		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.099513	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.101918	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238072	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.864165	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.019479	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092153	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.054017	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.098593	0	0	0	0	59.00
60.00	06000	LABORATORY	0.149351	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.244063	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.207739	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.235094	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253032	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.208584	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089653	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105031	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236541	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.296848	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.536683	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.065810	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.928234	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0.117093	0	0	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.200945	0	0	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.690336	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.079134	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371957	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/25/2018 10:19 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<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
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2018 10:19 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,625	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,625	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)		32,517	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)		15,507	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)		52,180,559	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)		52,180,559	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)		52,180,559	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)		1,350.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,949,182	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)		20,949,182	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,386,312	2,758	2,678.14	1,300	3,481,582	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,921,392	3,306	1,791.10	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,987,094	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,417,858	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)					4,138,726	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,864,301	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,003,027	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,414,831	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,108	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,350.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,251,603	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,202,879	52,180,559	0.176366	8,251,603	1,455,302	90.00
91.00	Nursing School cost	0	52,180,559	0.000000	8,251,603	0	91.00
92.00	Allied health cost	0	52,180,559	0.000000	8,251,603	0	92.00
93.00	All other Medical Education	0	52,180,559	0.000000	8,251,603	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2018 10:19 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,625	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,625	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)		32,517	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)		315	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)		2,928	15.00
16.00	Nursery days (title V or XIX only)		1,320	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)		52,180,559	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)		52,180,559	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)		52,180,559	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)		1,350.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		425,549	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)		425,549	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,812,388	2,928	618.98	1,320	817,054	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,386,312	2,758	2,678.14	253	677,569	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,921,392	3,306	1,791.10	299	535,539	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,227,324	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,683,035	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)					382,880	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					83,024	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					465,904	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,217,131	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,108	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,350.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,251,603	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,202,879	52,180,559	0.176366	8,251,603	1,455,302	90.00
91.00	Nursing School cost	0	52,180,559	0.000000	8,251,603	0	91.00
92.00	Allied health cost	0	52,180,559	0.000000	8,251,603	0	92.00
93.00	All other Medical Education	0	52,180,559	0.000000	8,251,603	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		41,765,085	30.00
31.00	03100	INTENSIVE CARE UNIT		5,883,013	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099513	25,231,751	50.00
51.00	05100	RECOVERY ROOM	0.101918	2,207,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238072	81,933	52.00
53.00	05300	ANESTHESIOLOGY	0.910649	1,608,429	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.019479	5,379	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092153	15,868,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.054017	829,438	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.098593	11,397,872	59.00
60.00	06000	LABORATORY	0.149351	13,211,650	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.244063	1,755,554	63.00
65.00	06500	RESPIRATORY THERAPY	0.207739	6,385,823	65.00
66.00	06600	PHYSICAL THERAPY	0.235094	1,981,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253032	928,144	67.00
68.00	06800	SPEECH PATHOLOGY	0.208584	828,211	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089653	7,960,475	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105031	451,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111	6,748,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236541	21,849,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.296848	24,912,503	73.00
74.00	07400	RENAL DIALYSIS	0.536683	1,070,004	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.065810	119,741	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.928234	35,393	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.117093	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.200945	101,598	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.690336	5,730	90.04
91.00	09100	EMERGENCY	0.079134	17,522,924	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371957	1,164,558	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		164,264,034	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)		164,264,034	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/25/2018 10:19 am	
Cost Center Description		Title XIX	Hospital	PPS	
		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		1,503,326	30.00
31.00	03100	INTENSIVE CARE UNIT		294,091	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,011,148	35.00
43.00	04300	NURSERY		203,665	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099513	536,543	50.00
51.00	05100	RECOVERY ROOM	0.101918	54,213	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238072	725,418	52.00
53.00	05300	ANESTHESIOLOGY	0.910649	36,770	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.019479	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092153	648,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.054017	19,747	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.098593	41,327	59.00
60.00	06000	LABORATORY	0.149351	682,263	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.244063	167,949	63.00
65.00	06500	RESPIRATORY THERAPY	0.207739	312,296	65.00
66.00	06600	PHYSICAL THERAPY	0.235094	38,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253032	24,467	67.00
68.00	06800	SPEECH PATHOLOGY	0.208584	27,551	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089653	142,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105031	19,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376111	249,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236541	253,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.296848	1,479,084	73.00
74.00	07400	RENAL DIALYSIS	0.536683	8,316	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.065810	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.928234	279	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.117093	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.200945	7,299	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.690336	0	90.04
91.00	09100	EMERGENCY	0.079134	553,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.371957	24,274	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,053,724	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)		6,053,724	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,125,824	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,929,246	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)		1,169,057	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.76	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)		3.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.91	31.00
32.00	Sum of lines 30 and 31		24.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.62	33.00
34.00	Disproportionate share adjustment (see instructions)		819,024	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000188622	0.000184722	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,127,483	1,249,955	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	843,295	315,057	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,158,352		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)	37,201,503		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)		37,201,503	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,259,568	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		0	53.00
54.00	Special add-on payments for new technologies		3,107	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		40,464,178	59.00
60.00	Primary payer payments		29,553	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,434,625	61.00
62.00	Deductibles billed to program beneficiaries		3,504,872	62.00
63.00	Coinurance billed to program beneficiaries		123,991	63.00
64.00	Allowable bad debts (see instructions)		561,573	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		365,022	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		70,165	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,170,784	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-54,726	70.93
70.94	HRR adjustment amount (see instructions)		-1,786	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,114,272	71.00
71.01	Sequestration adjustment (see instructions)		742,285	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		35,991,783	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)		380,204	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		607,741	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
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	0	104.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2018 10:19 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,125,824	0	25,125,824		25,125,824	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,929,246	0		8,929,246	8,929,246	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,169,057	0	1,023,139	145,919	1,169,058	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0962	0.0962	0.0962	0.0962		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	819,024	0	604,276	214,748	819,024	11.00
11.01	Uncompensated care payments	36.00	1,158,352	0	843,295	315,057	1,158,352	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,201,503	0	27,596,533	9,604,970	37,201,503	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,201,503	0	27,596,533	9,604,970	37,201,503	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,259,568	0	2,439,316	820,252	3,259,568	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	0	3,107	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2018 10:19 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	30,038,956	10,425,222	40,464,178	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,758,061	0	2,031,453	726,608	2,758,061	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	359,743	0	303,447	56,296	359,743	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0514	0.0514	0.0514	0.0514		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141,764	0	104,416	37,348	141,764	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,259,568	0	2,439,316	820,252	3,259,568	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0173		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2018 10:19 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,125,824	25,125,824		25,125,824	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,929,246		8,929,246	8,929,246	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,169,057	1,023,139	145,919	1,169,058	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0962	0.0962	0.0962		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	819,024	604,276	214,748	819,024	11.00
11.01	Uncompensated care payments	36.00	1,158,352	843,295	315,057	1,158,352	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,201,503	27,596,533	9,604,970	37,201,503	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,201,503	27,596,533	9,604,970	37,201,503	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,259,568	2,439,316	820,252	3,259,568	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	3,107	0	3,107	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,038,956	10,425,222	40,464,178	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,758,061	2,031,453	726,608	2,758,061	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	359,743	303,447	56,296	359,743	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0514	0.0514	0.0514		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	141,764	104,416	37,348	141,764	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,259,568	2,439,316	820,252	3,259,568	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-54,726	-13,751	-40,975	-54,726	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,786	0	-1,786	-1,786	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		31,807	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,043,887	2.00
3.00	OPPS payments		28,896,401	3.00
4.00	Outlier payment (see instructions)		204,226	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,807	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		113,765	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)		113,765	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)		113,765	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,958	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)		31,807	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)		29,100,627	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,051	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,232,787	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)		23,894,596	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)		23,894,596	30.00
31.00	Primary payer payments		8,485	31.00
32.00	Subtotal (line 30 minus line 31)		23,886,111	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)		1,198,430	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		778,980	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		646,738	36.00
37.00	Subtotal (see instructions)		24,665,091	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-23	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)		21,700	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,665,114	40.00
40.01	Sequestration adjustment (see instructions)		493,302	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		23,962,507	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		209,305	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,601	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: 15-0173

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2018 10:19 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,991,783		23,892,807	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	07/24/2017	69,700	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		69,700	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)		35,991,783		23,962,507	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		380,204		209,305	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,371,987		24,171,812	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/25/2018 10:19 am
		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

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

Provider CCN: 15-0173

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

Worksheet G

Date/Time Prepared:  
5/25/2018 10:19 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	156,227,363	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	834,574	0	0	0	3.00
4.00	Accounts receivable	58,761,749	0	0	0	4.00
5.00	Other receivable	-11,877,446	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,270,768	0	0	0	7.00
8.00	Prepaid expenses	2,853,679	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	212,070,687	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,921,268	0	0	0	12.00
13.00	Land improvements	107,468	0	0	0	13.00
14.00	Accumulated depreciation	-34,420	0	0	0	14.00
15.00	Buildings	192,489,550	0	0	0	15.00
16.00	Accumulated depreciation	-42,559,314	0	0	0	16.00
17.00	Leasehold improvements	83,982	0	0	0	17.00
18.00	Accumulated depreciation	-78,932	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	156,229	0	0	0	21.00
22.00	Accumulated depreciation	-110,429	0	0	0	22.00
23.00	Major movable equipment	76,834,111	0	0	0	23.00
24.00	Accumulated depreciation	-64,670,389	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)	166,139,124	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,563,983	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	31,663,106	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	34,227,089	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	412,436,900	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	15,433,631	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,432,998	0	0	0	38.00
39.00	Payroll taxes payable	-260	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,787,903	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	1,511,694	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,165,966	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	198,825,591	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,332,350	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	200,157,941	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	248,323,907	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	164,112,993				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)	164,112,993	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	412,436,900	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:  
5/25/2018 10:19 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		146,983,055		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,098,837			2.00
3.00	Total (sum of line 1 and line 2)		164,081,892		0	3.00
4.00	INTERCO TRANSACTIONS	31,100		0		4.00
5.00	ROUNDING	1		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)		31,101		0	10.00
11.00	Subtotal (line 3 plus line 10)		164,112,993		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)		164,112,993		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	INTERCO TRANSACTIONS		0			4.00
5.00	ROUNDING		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: 15-0173

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2018 10:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	89,564,402		89,564,402	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	89,564,402		89,564,402	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,323,588		12,323,588	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,902,704		14,902,704	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,226,292		27,226,292	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	116,790,694		116,790,694	17.00
18.00	Ancillary services	368,398,885	676,801,896	1,045,200,781	18.00
19.00	Outpatient services	2,329,532	40,704,307	43,033,839	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - PHYSICIAN, RETAIL PHARMACY	432	307,461,397	307,461,829	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	487,519,543	1,024,967,600	1,512,487,143	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		416,726,598		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)		416,726,598		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:  
5/25/2018 10:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,512,487,143	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,084,111,960	2.00
3.00	Net patient revenues (line 1 minus line 2)	428,375,183	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	416,726,598	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,648,585	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	MISCELLANEOUS INCOME	5,450,252	24.00
25.00	Total other income (sum of lines 6-24)	5,450,252	25.00
26.00	Total (line 5 plus line 25)	17,098,837	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)	17,098,837	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet I-5 Date/Time Prepared: 5/25/2018 10:19 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/25/2018 10:19 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,758,061	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		359,743	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)		107.12	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)		3.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.91	8.00
9.00	Sum of lines 7 and 8		24.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (see instructions)		141,764	11.00
12.00	Total prospective capital payments (see instructions)		3,259,568	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