

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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 3:05 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2018	Time: 3:05 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL (15-0161) 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-196,438	72,111	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	0		0	6.00
200.00 Total	0	-196,438	72,111	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: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST		PO Box:						1.00		
2.00	City: CARMEL		State: IN		Zip Code: 46032-4656		County: HAMILTON		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 NORTH HOSPITAL	150161	26900	1	12/20/2005	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.	637	1,613	0	216	4,912	23		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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 am		
	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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
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
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0161

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 9:51 am

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 am			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		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		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 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			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	366,076	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.05		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:51 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: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 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.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						146.00
						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	851

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 9:51 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		02/22/2018		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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: 15-0161

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2018 9:51 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY 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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 9:51 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR OF GOVERNMENT 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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:51 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	120	43,800	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)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,190	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	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)		149				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)		12	4,380			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,078	241	22,691			1.00
2.00 HMO and other (see instructions)	2,313	5,826				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,078	241	22,691			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	2	98	1,146			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	255	4,558			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		958	5,075			13.00
14.00 Total (see instructions)	7,080	1,552	33,470	0.00	791.61	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	76			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	791.61	27.00
28.00 Observation Bed Days		58	1,960			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	23	875			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,828	82	9,701	1.00
2.00 HMO and other (see instructions)				497	890		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,828	82		9,701	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	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 9:51 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,214,926	-832,777	57,382,149	1,685,620.38	34.04
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		385,447	0	385,447	1,526.20	252.55
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		950,517	779,067	1,729,584	56,949.08	30.37
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,937,376	0	1,937,376	28,822.28	67.22
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		1,484,502	0	1,484,502	9,896.68	150.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		16,134,623	0	16,134,623	363,612.91	44.37
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,607,428	0	13,607,428		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		451,625	0	451,625		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,633,897	0	2,633,897		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	770,018	-571,333	198,685	10,410.36	19.09
27.00	Administrative & General	5.00	5,444,873	-5,536	5,439,337	95,458.97	56.98

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 9:51 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.)		385	0	385	3.50	110.00	28.00
29.00	Maintenance & Repairs	6.00	2,074,845	-5,603	2,069,242	65,883.18	31.41	29.00
30.00	Operation of Plant	7.00	1,122,440	0	1,122,440	40,384.41	27.79	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,456,151	-13,628	1,442,523	91,940.88	15.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	724,803	-9,880	714,923	40,680.91	17.57	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,228,001	-4,061	1,223,940	68,911.07	17.76	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,923,472	-506,981	2,416,491	67,489.61	35.81	38.00
39.00	Central Services and Supply	14.00	830,125	-6,892	823,233	42,740.42	19.26	39.00
40.00	Pharmacy	15.00	2,422,874	-9,841	2,413,033	52,068.57	46.34	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	328,814	-2,738	326,076	9,771.96	33.37	42.00
43.00	Other General Service	18.00	211,827	0	211,827	13,937.32	15.20	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 9:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,215,311	-832,777	57,382,534	1,685,623.88	34.04	1.00
2.00	Excluded area salaries (see instructions)	950,517	779,067	1,729,584	56,949.08	30.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,264,794	-1,611,844	55,652,950	1,628,674.80	34.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,556,501	0	19,556,501	402,331.87	48.61	4.00
5.00	Subtotal wage-related costs (see inst.)	16,241,325	0	16,241,325	0.00	29.18	5.00
6.00	Total (sum of lines 3 thru 5)	93,062,620	-1,611,844	91,450,776	2,031,006.67	45.03	6.00
7.00	Total overhead cost (see instructions)	19,538,628	-1,136,493	18,402,135	599,681.16	30.69	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 9:51 am
-----------------------------	-----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,338,509	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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,417,606	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	250,637	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	29,526	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)	78,050	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	303,813	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,072,452	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	55,718	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,546,311	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 9:51 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,937,376	14,546,311	1.00
2.00	Hospital	1,937,376	14,546,311	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 9:51 am
---	-----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226286	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,290,650	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		76,694,361	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,354,860	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)		13,064,210	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		13,064,210	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,625,065	799,392	6,424,457	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,272,873	799,392	2,072,265	21.00
22.00	Payments received from patients for amounts previously written off as charity care	252,918	0	252,918	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,019,955	799,392	1,819,347	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			10,615,637	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			268,485	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			413,053	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,202,584	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,453,270	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,272,617	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,336,827	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,331,229	9,331,229	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	13,624,572	13,624,572	1.01
1.02	00102	MOB LEASED SPACE		0	0	1,238,842	1,238,842	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,204,212	4,204,212	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	770,018	594,057	1,364,075	10,366,602	11,730,677	4.00
5.01	00540	NONPATIENT TELEPHONES	0	6,359	6,359	-4,169	2,190	5.01
5.02	00550	DATA PROCESSING	0	8,623	8,623	-7,135	1,488	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	40,476	40,476	697	41,173	5.03
5.04	00570	ADMINITTING	1,202,917	702,983	1,905,900	-466,393	1,439,507	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	4,241,956	62,267,523	66,509,479	-23,877,254	42,632,225	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,074,845	5,211,507	7,286,352	-700,328	6,586,024	6.00
7.00	00700	OPERATION OF PLANT	1,122,440	2,117,803	3,240,243	-254,098	2,986,145	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	118,329	118,329	0	118,329	8.00
9.00	00900	HOUSEKEEPING	1,456,151	4,623,517	6,079,668	-538,554	5,541,114	9.00
10.00	01000	DIETARY	724,803	588,464	1,313,267	-179,627	1,133,640	10.00
11.00	01100	CAFETERIA	1,228,001	2,128,356	3,356,357	-391,819	2,964,538	11.00
13.00	01300	NURSING ADMINISTRATION	2,923,472	1,267,369	4,190,841	-1,580,916	2,609,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	830,125	1,581,169	2,411,294	6,090,765	8,502,059	14.00
15.00	01500	PHARMACY	2,422,874	3,898,268	6,321,142	-3,378,569	2,942,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	175,921	175,921	-1,207	174,714	16.00
17.00	01700	SOCIAL SERVICE	328,814	288,918	617,732	-69,559	548,173	17.00
18.00	01850	PATIENT TRANSPORTATION	211,827	57,327	269,154	-38,045	231,109	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,256,811	9,150,664	21,407,475	-4,804,815	16,602,660	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	855,927	1,031,838	1,887,765	-308,270	1,579,495	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,549,497	1,559,783	4,109,280	-761,835	3,347,445	34.02
43.00	04300	NURSERY	0	0	0	1,468,976	1,468,976	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,344,377	19,966,838	24,311,215	-18,294,257	6,016,958	50.00
51.00	05100	RECOVERY ROOM	2,001,416	863,886	2,865,302	-647,821	2,217,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,069,342	3,027,816	6,097,158	-1,763,225	4,333,933	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,249,783	3,094,432	6,344,215	-2,012,003	4,332,212	54.00
56.00	05600	RADIOISOTOPE	222,341	277,239	499,580	-233,381	266,199	56.00
60.00	06000	LABORATORY	646,628	5,213,322	5,859,950	-90,469	5,769,481	60.00
65.00	06500	RESPIRATORY THERAPY	1,891,628	753,511	2,645,139	-629,062	2,016,077	65.00
66.00	06600	PHYSICAL THERAPY	1,932,084	986,945	2,919,029	-623,995	2,295,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	475,361	133,562	608,923	-97,658	511,265	67.00
68.00	06800	SPEECH PATHOLOGY	228,899	178,431	407,330	-159,788	247,542	68.00
69.00	06900	ELECTROCARDIOLOGY	292,690	352,953	645,643	-144,700	500,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	112,963	374,585	487,548	-59,317	428,231	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,471,171	4,471,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,161,088	9,161,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,933,610	3,933,610	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,436,548	2,423,189	3,859,737	-1,979,221	1,880,516	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,159,871	1,861,922	4,021,793	-740,347	3,281,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,264,409	136,927,885	194,192,294	-946,073	193,246,221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,008	75,008	0	75,008	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	476,928	1,559,664	2,036,592	-276,892	1,759,700	192.01
192.02	19202	CHILD BIRTH EDUCATION	193,682	42,440	236,122	-10,462	225,660	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	51,118	51,118	-49,208	1,910	192.04
192.05	19205	ANSON CLINIC	279,907	237,506	517,413	1,282,635	1,800,048	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	58,214,926	138,893,621	197,108,547	0	197,108,547	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,320,187	8,011,042	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	-432,595	13,191,977	1.01
1.02	00102	MOB LEASED SPACE	0	1,238,842	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	308,622	4,512,834	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,371,422	9,359,255	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,190	5.01
5.02	00550	DATA PROCESSING	5,104,176	5,105,664	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	674,018	715,191	5.03
5.04	00570	ADMINISTRATIVE	1,776,710	3,216,217	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-20,928,156	21,704,069	5.05
6.00	00600	MAINTENANCE & REPAIRS	-1,732,478	4,853,546	6.00
7.00	00700	OPERATION OF PLANT	-224,137	2,762,008	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	118,329	8.00
9.00	00900	HOUSEKEEPING	0	5,541,114	9.00
10.00	01000	DIETARY	-29,942	1,103,698	10.00
11.00	01100	CAFETERIA	-1,622,575	1,341,963	11.00
13.00	01300	NURSING ADMINISTRATION	-323,322	2,286,603	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-48,855	8,453,204	14.00
15.00	01500	PHARMACY	-63,518	2,879,055	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	174,714	16.00
17.00	01700	SOCIAL SERVICE	-13,995	534,178	17.00
18.00	01850	PATIENT TRANSPORTATION	-2,168	228,941	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,164,770	13,437,890	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-596,579	982,916	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-1,658,892	1,688,553	34.02
43.00	04300	NURSERY	-36	1,468,940	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-978,088	5,038,870	50.00
51.00	05100	RECOVERY ROOM	0	2,217,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,151,712	3,182,221	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-438,043	3,894,169	54.00
56.00	05600	RADIOISOTOPE	0	266,199	56.00
60.00	06000	LABORATORY	-30,814	5,738,667	60.00
65.00	06500	RESPIRATORY THERAPY	-326	2,015,751	65.00
66.00	06600	PHYSICAL THERAPY	-17,549	2,277,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	511,265	67.00
68.00	06800	SPEECH PATHOLOGY	-21,611	225,931	68.00
69.00	06900	ELECTROCARDIOLOGY	-184,795	316,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,718	419,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,471,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,161,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,933,610	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-89,832	1,790,684	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-521,660	2,759,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,113,249	163,132,972	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,008	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-412,346	1,347,354	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	225,660	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-1,910	0	192.04
192.05	19205	ANSON CLINIC	-190,401	1,609,647	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,717,906	166,390,641	200.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:51 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - LEASES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,847,635	1.00
2.00	MOB LEASED SPACE	1.02	0	1,238,842	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	235,173	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
	TOTALS		0	3,321,650	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		7,483,594	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		3,969,039	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
	TOTALS		0	11,452,633	
C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,408,325	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

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:51 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
TOTALS			0	10,408,325	
D - INTEREST					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	13,624,572	1.00
TOTALS			0	13,624,572	
E - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	244,828	27,286	1.00
2.00	NURSERY	43.00	20,483	2,283	2.00
TOTALS			265,311	29,569	
F - MARKETING					
1.00	CHILD BIRTH EDUCATION	192.02	0	6,537	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	6,537	
G - NURSERY					
1.00	NURSERY	43.00	1,298,444	147,766	1.00
TOTALS			1,298,444	147,766	
H - FMLA					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,311	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	5,536	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	5,603	3.00
4.00	HOUSEKEEPING	9.00	0	13,628	4.00
5.00	DIETARY	10.00	0	9,880	5.00
6.00	CAFETERIA	11.00	0	4,061	6.00
7.00	NURSING ADMINISTRATION	13.00	0	17,729	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,892	8.00
9.00	PHARMACY	15.00	0	9,841	9.00
10.00	SOCIAL SERVICE	17.00	0	2,738	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	92,901	11.00
12.00	OPERATING ROOM	50.00	0	24,502	12.00
13.00	RECOVERY ROOM	51.00	0	7,684	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,041	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,668	15.00
16.00	RESPIRATORY THERAPY	65.00	0	3,431	16.00
17.00	PHYSICAL THERAPY	66.00	0	4,246	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	6,096	18.00
19.00	SPEECH PATHOLOGY	68.00	0	569	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	3,979	20.00
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	3,486	21.00
22.00	EMERGENCY	91.00	0	17,933	22.00
TOTALS			0	262,755	
I - BREAST CARE					
1.00	ANSON CLINIC	192.05	489,252	299,302	1.00
TOTALS			489,252	299,302	
J - ORTHO AND SPINE CLINIC					
1.00	ANSON CLINIC	192.05	289,815	303,373	1.00
TOTALS			289,815	303,373	
K - ACCURED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	570,022	1.00
TOTALS			0	570,022	
L - BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00		296	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		4,471,171	2.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:51 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		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
	TOTALS		0	4,471,467	
M - NON-BILLABLE SUPPLIES					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	74,939	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,412,703	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
	TOTALS		0	6,487,642	
N - BILLABLE DRUGS					
1.00	NURSING ADMINISTRATION	13.00		5,334	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		3,933,610	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
	TOTALS		0	3,938,944	
O - NON-BILLABLE DRUGS					
1.00	PURCHASING RECEIVING AND STORES	5.03		790	1.00
2.00	PHARMACY	15.00		466,989	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

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:51 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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	
	TOTALS		0	467,779		
P - IMPLANTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	882	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,161,088	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	
	TOTALS		0	9,161,970		
500.00	Grand Total: Increases		2,342,822	64,954,306	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 9:51 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	2,306,360	10	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	14,835	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	7,735	10	3.00	
4.00	CAFETERIA	11.00	0	384	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	106,415	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	47,610	0	6.00	
7.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	271	0	7.00	
8.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	5,186	0	8.00	
9.00	OPERATING ROOM	50.00	0	195,818	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	209,955	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	15,526	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	192,260	0	12.00	
13.00	OTHER NON-REIMBURSABLE	192.01	0	182,035	0	13.00	
14.00	ANSON CLINIC	192.05	0	37,260	0	14.00	
	TOTALS		0	3,321,650			
B - DEPRECIATION							
1.00	NONPATIENT TELEPHONES	5.01		4,169	9	1.00	
2.00	DATA PROCESSING	5.02		7,135	9	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03		18,049		3.00	
4.00	ADMINISTRATIVE	5.04		224,824		4.00	
5.00	OTHER ADMINISTRATIVE & GENERAL	5.05		7,573,131		5.00	
6.00	MAINTENANCE & REPAIRS	6.00		224,364		6.00	
7.00	OPERATION OF PLANT	7.00		35,468		7.00	
8.00	HOUSEKEEPING	9.00		94,720		8.00	
9.00	DIETARY	10.00		1,793		9.00	
10.00	CAFETERIA	11.00		22,561		10.00	
11.00	NURSING ADMINISTRATION	13.00		48,399		11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00		123,876		12.00	
13.00	PHARMACY	15.00		23,162		13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00		1,207		14.00	
15.00	SOCIAL SERVICE	17.00		338		15.00	
16.00	ADULTS & PEDIATRICS	30.00		183,249		16.00	
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01		28,171		17.00	
18.00	PREMATURE INTENSIVE CARE UNIT	34.02		46,316		18.00	
19.00	OPERATING ROOM	50.00		1,307,023		19.00	
20.00	RECOVERY ROOM	51.00		37,342		20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00		117,960		21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00		821,866		22.00	
23.00	RADIOISOTOPE	56.00		125		23.00	
24.00	LABORATORY	60.00		1,657		24.00	
25.00	RESPIRATORY THERAPY	65.00		48,256		25.00	
26.00	PHYSICAL THERAPY	66.00		26,784		26.00	
27.00	OCCUPATIONAL THERAPY	67.00		736		27.00	
28.00	SPEECH PATHOLOGY	68.00		1,337		28.00	
29.00	ELECTROCARDIOLOGY	69.00		90,255		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00		29,577		30.00	
31.00	CARDIAC CATHETERIZATION LABORATORY	75.01		192,888		31.00	
32.00	EMERGENCY	91.00		53,234		32.00	
33.00	OTHER NON-REIMBURSABLE	192.01		2,930		33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.04		49,183		34.00	
35.00	ANSON CLINIC	192.05		10,548		35.00	
	TOTALS		0	11,452,633			
C - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE	5.04	0	232,799	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	368,434	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	359,323	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	210,864	0	4.00	
5.00	HOUSEKEEPING	9.00	0	432,255	0	5.00	
6.00	DIETARY	10.00	0	170,942	0	6.00	
7.00	CAFETERIA	11.00	0	368,019	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	639,875	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	197,240	0	9.00	
10.00	PHARMACY	15.00	0	319,980	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	61,732	0	11.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 9:51 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
12.00	PATIENT TRANSPORTATION	18.00	0	38,045	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	2,286,026	0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	224,549	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	552,616	0	15.00	
16.00	OPERATING ROOM	50.00	0	744,213	0	16.00	
17.00	RECOVERY ROOM	51.00	0	368,067	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	577,100	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	549,637	0	19.00	
20.00	RADIOISOTOPE	56.00	0	28,528	0	20.00	
21.00	LABORATORY	60.00	0	82,791	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	367,220	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	353,689	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	91,620	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	44,642	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	45,568	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,473	0	27.00	
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	206,997	0	28.00	
29.00	EMERGENCY	91.00	0	313,021	0	29.00	
30.00	OTHER NON-REIMBURSABLE	192.01	0	91,923	0	30.00	
31.00	CHILD BIRTH EDUCATION	192.02	0	16,999	0	31.00	
32.00	ANSON CLINIC	192.05	0	51,138	0	32.00	
	TOTALS		0	10,408,325			
D - INTEREST							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	13,624,572	11	1.00	
	TOTALS		0	13,624,572			
E - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	265,311	29,569	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		265,311	29,569			
F - MARKETING							
1.00	ADVERTISING	5.04		2,478	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05		3,750	0	2.00	
3.00	DIETARY	10.00		103	0	3.00	
4.00	SOCIAL SERVICE	17.00		26	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00		53	0	5.00	
6.00	PHYSICAL THERAPY	66.00		127	0	6.00	
	TOTALS		0	6,537			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,298,444	147,766	0	1.00	
	TOTALS		1,298,444	147,766			
H - FMLA							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,311	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	5,536	0	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	5,603	0	0	3.00	
4.00	HOUSEKEEPING	9.00	13,628	0	0	4.00	
5.00	DIETARY	10.00	9,880	0	0	5.00	
6.00	CAFETERIA	11.00	4,061	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	17,729	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	6,892	0	0	8.00	
9.00	PHARMACY	15.00	9,841	0	0	9.00	
10.00	SOCIAL SERVICE	17.00	2,738	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	92,901	0	0	11.00	
12.00	OPERATING ROOM	50.00	24,502	0	0	12.00	
13.00	RECOVERY ROOM	51.00	7,684	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	17,041	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	3,668	0	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	3,431	0	0	16.00	
17.00	PHYSICAL THERAPY	66.00	4,246	0	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	6,096	0	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	569	0	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	3,979	0	0	20.00	
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	3,486	0	0	21.00	
22.00	EMERGENCY	91.00	17,933	0	0	22.00	
	TOTALS		262,755	0			

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 9:51 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
I - BREAST CARE							
1.00	NURSING ADMINISTRATION	13.00	489,252	299,302	0		1.00
	TOTALS		489,252	299,302			
J - ORTHO AND SPINE CLINIC							
1.00	OPERATING ROOM	50.00	289,815	303,373	0		1.00
	TOTALS		289,815	303,373			
K - ACCURED PTO							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	570,022	0	0		1.00
	TOTALS		570,022	0			
L - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		1	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03		56,983	0		2.00
3.00	HOUSEKEEPING	9.00		32	0		3.00
4.00	DIETARY	10.00		1	0		4.00
5.00	PHARMACY	15.00		6,125	0		5.00
6.00	ADULTS & PEDIATRICS	30.00		545	0		6.00
7.00	PREMATURE INTENSIVE CARE UNIT	34.02		236	0		7.00
8.00	OPERATING ROOM	50.00		3,253,702	0		8.00
9.00	RECOVERY ROOM	51.00		16	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		275,187	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		110,100	0		11.00
12.00	RADIOISOTOPE	56.00		517	0		12.00
13.00	RESPIRATORY THERAPY	65.00		3,929	0		13.00
14.00	PHYSICAL THERAPY	66.00		339	0		14.00
15.00	SPEECH PATHOLOGY	68.00		4,991	0		15.00
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01		746,584	0		16.00
17.00	EMERGENCY	91.00		12,179	0		17.00
	TOTALS		0	4,471,467			
M - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,426	0		1.00
2.00	ADMINISTRATIVE	5.04	0	6,292	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	1,007	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	101,806	0		4.00
5.00	OPERATION OF PLANT	7.00	0	31	0		5.00
6.00	HOUSEKEEPING	9.00	0	11,547	0		6.00
7.00	DIETARY	10.00	0	6,788	0		7.00
8.00	CAFETERIA	11.00	0	855	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,918	0		9.00
10.00	PHARMACY	15.00	0	64,756	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	996,497	0		11.00
12.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	55,279	0		12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	148,207	0		13.00
14.00	OPERATING ROOM	50.00	0	3,568,377	0		14.00
15.00	RECOVERY ROOM	51.00	0	219,113	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	460,660	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	170,304	0		17.00
18.00	RADIOISOTOPE	56.00	0	842	0		18.00
19.00	LABORATORY	60.00	0	5,802	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	191,452	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	50,650	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	5,302	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	22,192	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	2,397	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,316	0		25.00
26.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	104,571	0		26.00
27.00	EMERGENCY	91.00	0	272,065	0		27.00
28.00	OTHER NON-REIMBURSABLE	192.01	0	4	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	25	0		29.00
30.00	ANSON CLINIC	192.05	0	161	0		30.00
	TOTALS		0	6,487,642			
N - BILLABLE DRUGS							
1.00	PHARMACY	15.00		3,431,535	0		1.00
2.00	SOCIAL SERVICE	17.00		7,463	0		2.00
3.00	PREMATURE INTENSIVE CARE UNIT	34.02		113	0		3.00
4.00	OPERATING ROOM	50.00		156,711	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00		3,444	0		5.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:51 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	RADIOLOGY-DIAGNOSTIC	54.00	126,322	0			6.00
7.00	RADIOISOTOPE	56.00	191,003	0			7.00
8.00	RESPIRATORY THERAPY	65.00	22	0			8.00
9.00	ELECTROCARDIOLOGY	69.00	6,480	0			9.00
10.00	CARDIAC CATHETERIZATION LABORATORY	75.01	15,848	0			10.00
11.00	EMERGENCY	91.00	3	0			11.00
	TOTALS		0	3,938,944			
O - NON-BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,296	0			1.00
2.00	NURSING ADMINISTRATION	13.00	89	0			2.00
3.00	ADULTS & PEDIATRICS	30.00	116,458	0			3.00
4.00	PREMATURE INTENSIVE CARE UNIT	34.02	9,161	0			4.00
5.00	OPERATING ROOM	50.00	98,956	0			5.00
6.00	RECOVERY ROOM	51.00	23,283	0			6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	34,876	0			7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	23,756	0			8.00
9.00	RADIOISOTOPE	56.00	12,310	0			9.00
10.00	LABORATORY	60.00	219	0			10.00
11.00	RESPIRATORY THERAPY	65.00	2,657	0			11.00
12.00	PHYSICAL THERAPY	66.00	92	0			12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	27	0			13.00
14.00	CARDIAC CATHETERIZATION LABORATORY	75.01	17,372	0			14.00
15.00	EMERGENCY	91.00	88,227	0			15.00
	TOTALS		0	467,779			
P - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,118	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	281	0			2.00
3.00	OPERATING ROOM	50.00	8,376,269	0			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	63	0			4.00
5.00	RADIOISOTOPE	56.00	56	0			5.00
6.00	PHYSICAL THERAPY	66.00	54	0			6.00
7.00	SPEECH PATHOLOGY	68.00	86,626	0			7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	924	0			8.00
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	694,961	0			9.00
10.00	EMERGENCY	91.00	1,618	0			10.00
	TOTALS		0	9,161,970			
500.00	Grand Total: Decreases		3,175,599	64,121,529			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 9:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,942,223	0	0	0	2.00
3.00	Buildings and Fixtures	148,862,711	0	0	82,822	3.00
4.00	Building Improvements	11,308,147	82,822	0	82,822	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	103,314,548	2,370,096	0	2,370,096	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	275,427,629	2,452,918	0	2,452,918	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	275,427,629	2,452,918	0	2,452,918	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	11,942,223	0			2.00
3.00	Buildings and Fixtures	148,779,889	0			3.00
4.00	Building Improvements	11,390,969	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	95,314,862	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	267,427,943	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	267,427,943	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	172,113,081	0	172,113,081	0.643587	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	95,314,862	0	95,314,862	0.356413	0	2.00
3.00	Total (sum of lines 1-2)	267,427,943	0	267,427,943	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,163,407	1,847,635	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	97,344	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,238,842	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,277,661	235,173	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,538,412	3,321,650	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,011,042	1.00
1.01	NEW CAP REL COSTS-INTEREST	13,094,633	0	0	0	13,191,977	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,238,842	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,512,834	2.00
3.00	Total (sum of lines 1-2)	13,094,633	0	0	0	26,954,695	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 9:51 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	B	-529,939	0	NEW CAP REL COSTS-INTEREST	1.01	11	1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)			0	MOB LEASED SPACE	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,496,039	0		0.00	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,499,492	0		0.00	0	12.00
13.00	Laundry and linen service		0	0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,565,671	0	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-61,250	0	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00	Vending machines		0	0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	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 - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST			0	NEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02	Depreciation - MOB LEASED SPACE			0	MOB LEASED SPACE	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 9:51 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	3.00	
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		0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-470		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 MISCELLANEOUS INCOME	B	-560,627		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.01
33.02 MISCELLANEOUS INCOME	B	-555,118		MAINTENANCE & REPAIRS	6.00	0 33.02
33.03 MISCELLANEOUS INCOME	B	-17,619		OPERATION OF PLANT	7.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-13,662		DIETARY	10.00	0 33.04
33.05 MISCELLANEOUS INCOME	B	-57,661		NURSING ADMINISTRATION	13.00	0 33.05
33.06 MISCELLANEOUS INCOME	B	-5,805		ADULTS & PEDIATRICS	30.00	0 33.06
33.07 MISCELLANEOUS INCOME	B	-21,611		SPEECH PATHOLOGY	68.00	0 33.07
33.08 INTERCOMPANY REVENUE	A	-412,346		OTHER NON-REIMBURSABLE	192.01	0 33.08
33.09 INTERCOMPANY REVENUE	A	-1,910		PHYSICIANS' PRIVATE OFFICES	192.04	0 33.09
33.10 INTERCOMPANY REVENUE	A	-190,401		ANSON CLINIC	192.05	0 33.10
33.11 SHARED EMPLOYEE	B	-44,613		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12 SHARED EMPLOYEE	B	-153,890		ADMINISTRATIVE	5.04	0 33.12
33.13 SHARED EMPLOYEE	B	-1,601,197		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.13
33.14 SHARED EMPLOYEE	B	-1,177,360		MAINTENANCE & REPAIRS	6.00	0 33.14
33.15 SHARED EMPLOYEE	B	-206,518		OPERATION OF PLANT	7.00	0 33.15
33.16 SHARED EMPLOYEE	B	-16,177		DIETARY	10.00	0 33.16
33.17 SHARED EMPLOYEE	B	-56,904		CAFETERIA	11.00	0 33.17
33.18 SHARED EMPLOYEE	B	-248,780		NURSING ADMINISTRATION	13.00	0 33.18
33.19 SHARED EMPLOYEE	B	-48,855		CENTRAL SERVICES & SUPPLY	14.00	0 33.19
33.20 SHARED EMPLOYEE	B	-13,969		SOCIAL SERVICE	17.00	0 33.20
33.21 SHARED EMPLOYEE	B	-111,317		OPERATING ROOM	50.00	0 33.21
33.22 SHARED EMPLOYEE	B	-30,814		LABORATORY	60.00	0 33.22
33.23 SHARED EMPLOYEE	B	-12,600		PHYSICAL THERAPY	66.00	0 33.23
33.24 SHARED EMPLOYEE	B	-89,832		CARDIAC CATHETERIZATION LABORATORY	75.01	0 33.24
33.25 SHARED EMPLOYEE	B	-91,672		EMERGENCY	91.00	0 33.25
33.26 FISHERS RADIOLOGY START UP COST AMOR	A	5,908		RADIOLOGY-DIAGNOSTIC	54.00	0 33.26
33.27 EMPLOYEE BENEFITS	A	-10,463,100		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.27
33.28 ACCURED PTO	A	-570,022		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.28
33.29 HAF FEES	B	-6,755,228		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.29
33.30 MARKETING	A	-2,478		ADMINISTRATIVE	5.04	0 33.30
33.31 MARKETING	A	-3,750		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.31
33.32 MARKETING	A	-103		DIETARY	10.00	0 33.32
33.33 MARKETING	A	-26		SOCIAL SERVICE	17.00	0 33.33
33.34 MARKETING	A	-53		ADULTS & PEDIATRICS	30.00	0 33.34
33.35 MARKETING	A	-127		PHYSICAL THERAPY	66.00	0 33.35
33.37 TELEPHONE EQUIPMENT	A	-502		ADMINISTRATIVE	5.04	0 33.37
33.38 TELEPHONE EQUIPMENT	A	-2,268		PHARMACY	15.00	0 33.38
33.39 TELEPHONE EQUIPMENT	A	-2,168		PATIENT TRANSPORTATION	18.00	0 33.39
33.40 TELEPHONE EQUIPMENT	A	-672		ADULTS & PEDIATRICS	30.00	0 33.40
33.41 TELEPHONE EQUIPMENT	A	-296		DELIVERY ROOM & LABOR ROOM	52.00	0 33.41
33.42 TELEPHONE EQUIPMENT	A	-503		RADIOLOGY-DIAGNOSTIC	54.00	0 33.42
33.43 TELEPHONE EQUIPMENT	A	-326		RESPIRATORY THERAPY	65.00	0 33.43
33.44 TELEPHONE EQUIPMENT	A	-4,822		PHYSICAL THERAPY	66.00	0 33.44
33.45 UNWONTED SITUATIONS	A	-10,863		ADMINISTRATIVE	5.04	0 33.45
33.46 UNWONTED SITUATIONS	A	-4,984		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.46
33.47 UNWONTED SITUATIONS	A	-1,350		ADULTS & PEDIATRICS	30.00	0 33.47
33.48 UNWONTED SITUATIONS	A	-37		PEDIATRIC INTENSIVE CARE UNIT	34.01	0 33.48
33.49 UNWONTED SITUATIONS	A	-36		NURSERY	43.00	0 33.49
33.50 PHYSICIAN MALPRACTICE INS	A	-4,965		OTHER ADMINISTRATIVE & GENERAL	5.05	0 33.50

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 9:51 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	3.00	4.00	5.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,717,906			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: 15-0161

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2018 9:51 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	514,527	1,834,714	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	13,721,916	13,624,572	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	308,622	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	8,977,928	146,791	3.01
3.02	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	5,104,176	0	3.02
3.03	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	674,018	0	3.03
3.04	5.04	ADMITTING	HOME OFFICE ALLOCATION	1,972,053	27,610	3.04
3.05	5.05	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	16,544,942	26,668,122	3.05
3.06	13.00	NURSING ADMINISTRATION	HOME OFFICE ALLOCATION	85,777	102,658	3.06
3.07	17.00	SOCIAL SERVICE	SHARED SERVICES	196,532	196,532	3.07
3.08	30.00	ADULTS & PEDIATRICS	SHARED SERVICES	3,247,040	3,247,040	3.08
3.09	34.01	PEDIATRIC INTENSIVE CARE UNI	SHARED SERVICES	620,017	620,017	3.09
3.10	34.02	PREMATURE INTENSIVE CARE UNI	SHARED SERVICES	670,674	670,674	3.10
3.11	50.00	OPERATING ROOM	SHARED SERVICES	387,341	387,341	3.11
3.12	52.00	DELIVERY ROOM & LABOR ROOM	SHARED SERVICES	1,076,426	1,076,426	3.12
3.13	54.00	RADIOLOGY-DIAGNOSTIC	SHARED SERVICES	492,524	492,524	3.13
3.14	60.00	LABORATORY	SHARED SERVICES	4,591,554	4,591,554	3.14
3.15	66.00	PHYSICAL THERAPY	SHARED SERVICES	10,643	10,643	3.15
3.16	69.00	ELECTROCARDIOLOGY	SHARED SERVICES	184,795	184,795	3.16
3.17	70.00	ELECTROENCEPHALOGRAPHY	SHARED SERVICES	268,068	268,068	3.17
3.18	75.01	CARDIAC CATHETERIZATION LABORA	SHARED SERVICES	162,992	162,992	3.18
3.19	91.00	EMERGENCY	SHARED SERVICES	491,038	491,038	3.19
3.20	192.01	OTHER NON-REIMBURSABLE	SHARED SERVICES	206,547	206,547	3.20
4.00	192.05	ANSON CLINIC	SHARED SERVICES	39,000	39,000	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			60,549,150	55,049,658	5.00

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

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

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

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

6.00	B		0.00	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: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 9:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,320,187	9	1.00
2.00	97,344	9	2.00
3.00	308,622	9	3.00
3.01	8,831,137	0	3.01
3.02	5,104,176	0	3.02
3.03	674,018	0	3.03
3.04	1,944,443	0	3.04
3.05	-10,123,180	0	3.05
3.06	-16,881	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	0	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
3.16	0	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
4.00	0	0	4.00
5.00	5,499,492		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: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 9:51 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	124,354	124,354	0	211,500	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	1,874,225	1,874,225	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	3,156,890	3,156,890	0	179,000	0	3.00
4.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	596,542	596,542	0	169,700	0	4.00
5.00	34.02	PREMATURE INTENSIVE CARE UNIT	1,658,892	1,658,892	0	169,700	0	5.00
6.00	50.00	OPERATING ROOM	866,771	866,771	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,151,416	1,151,416	0	237,100	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	443,448	443,448	0	271,900	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	184,795	184,795	0	197,500	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	8,718	8,718	0	211,500	0	10.00
11.00	91.00	EMERGENCY	429,988	429,988	0	211,500	0	11.00
200.00			10,496,039	10,496,039	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	124,354		1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,874,225		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,156,890		3.00
4.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	596,542		4.00
5.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,658,892		5.00
6.00	50.00	OPERATING ROOM	0	0	0	866,771		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,151,416		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	443,448		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	184,795		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	8,718		10.00
11.00	91.00	EMERGENCY	0	0	0	429,988		11.00
200.00			0	0	0	10,496,039		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,011,042	8,011,042			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	13,191,977	0	13,191,977		1.01
1.02 00102	MOB LEASED SPACE	1,238,842	0	0	1,238,842	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,512,834				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,359,255	13,138	21,634	11,010	4,512,834
5.01 00540	NONPATIENT TELEPHONES	2,190	0	0	0	1,029
5.02 00550	DATA PROCESSING	5,105,664	112,512	185,277	5,249	5,658
5.03 00560	PURCHASING RECEIVING AND STORES	715,191	209,060	344,263	2,659	9,683
5.04 00570	ADMINISTRATIVE	3,216,217	70,900	116,753	0	24,496
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	21,704,069	87,585	144,229	297,302	1,582
6.00 00600	MAINTENANCE & REPAIRS	4,853,546	116,337	191,575	0	152,201
7.00 00700	OPERATION OF PLANT	2,762,008	1,293,993	2,130,849	26,535	163,763
8.00 00800	LAUNDRY & LINEN SERVICE	118,329	0	0	0	45,403
9.00 00900	HOUSEKEEPING	5,541,114	106,636	175,601	4,266	0
10.00 01000	DIETARY	1,103,698	47,636	78,444	0	131,435
11.00 01100	CAFETERIA	1,341,963	311,742	513,352	0	2,433
13.00 01300	NURSING ADMINISTRATION	2,286,603	46,084	75,888	0	35,352
14.00 01400	CENTRAL SERVICES & SUPPLY	8,453,204	319,262	525,737	0	11,977
15.00 01500	PHARMACY	2,879,055	115,838	190,754	0	161,304
16.00 01600	MEDICAL RECORDS & LIBRARY	174,714	20,233	33,319	0	151,167
17.00 01700	SOCIAL SERVICE	534,178	11,586	19,078	0	1,638
18.00 01850	PATIENT TRANSPORTATION	228,941	0	0	0	459
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,437,890	1,537,645	2,532,072	0	305,844
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	982,916	142,945	235,392	0	27,146
34.02 03402	PREMATURE INTENSIVE CARE UNIT	1,688,553	393,987	648,788	6,800	39,946
43.00 04300	NURSERY	1,468,940	186,276	306,746	0	4,609
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,038,870	847,233	1,395,158	0	1,899,582
51.00 05100	RECOVERY ROOM	2,217,481	165,304	272,210	0	54,490
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,182,221	539,131	887,800	0	113,005
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,894,169	337,869	556,378	312,688	582,165
56.00 05600	RADIOISOTOPE	266,199	23,060	37,974	0	170
60.00 06000	LABORATORY	5,738,667	168,888	278,113	0	2,249
65.00 06500	RESPIRATORY THERAPY	2,015,751	33,112	54,527	0	76,050
66.00 06600	PHYSICAL THERAPY	2,277,485	6,172	10,163	540,327	14,215
67.00 06700	OCCUPATIONAL THERAPY	511,265	0	0	0	999
68.00 06800	SPEECH PATHOLOGY	225,931	0	0	0	1,815
69.00 06900	ELECTROCARDIOLOGY	316,148	46,472	76,527	0	239,321
70.00 07000	ELECTROENCEPHALOGRAPHY	419,513	15,632	25,742	0	41,569
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,471,171	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,161,088	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	3,933,610	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,790,684	285,798	470,631	0	91,457
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,759,786	251,836	414,704	0	82,983
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	163,132,972	7,863,902	12,949,678	1,206,836	4,477,195
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,008	38,637	63,625	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	OTHER NON-REIMBURSABLE	1,347,354	10,514	17,314	32,006	3,977
192.02 19202	CHILD BIRTH EDUCATION	225,660	0	0	0	0
192.04 19204	PHYSICIANS' PRIVATE OFFICES	0	97,989	161,360	0	2,271
192.05 19205	ANSON CLINIC	1,609,647	0	0	0	29,391
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	166,390,641	8,011,042	13,191,977	1,238,842	4,512,834

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 9:51 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,406,066					4.00
5.01	00540	NONPATIENT TELEPHONES	0	7,848				5.01
5.02	00550	DATA PROCESSING	0	0	5,418,385			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,295,669		5.03
5.04	00570	ADMINISTRATIVE	197,867	161	110,963	397	3,714,840	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	696,844	270	186,724	64	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	340,368	311	214,804	6,431	0	6.00
7.00	00700	OPERATION OF PLANT	184,629	191	131,717	2	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	237,279	434	299,789	729	0	9.00
10.00	01000	DIETARY	117,597	192	132,667	429	0	10.00
11.00	01100	CAFETERIA	201,325	325	224,706	54	0	11.00
13.00	01300	NURSING ADMINISTRATION	397,486	319	220,094	184	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	135,413	202	139,382	24,757	0	14.00
15.00	01500	PHARMACY	396,917	246	169,768	4,091	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	53,636	46	31,878	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	34,843	66	45,443	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,827,535	1,608	1,110,644	62,950	332,476	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	140,791	0	68	3,492	28,507	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	419,364	3	2,238	9,362	101,549	34.02
43.00	04300	NURSERY	216,949	193	132,938	0	44,962	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	662,901	595	410,820	225,418	806,786	50.00
51.00	05100	RECOVERY ROOM	327,947	269	185,639	13,842	150,005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	458,429	387	267,233	29,100	211,633	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,950	482	332,888	10,758	254,866	54.00
56.00	05600	RADIOISOTOPE	36,573	26	17,770	53	38,312	56.00
60.00	06000	LABORATORY	106,363	203	139,856	367	246,538	60.00
65.00	06500	RESPIRATORY THERAPY	310,588	165	113,676	12,094	51,087	65.00
66.00	06600	PHYSICAL THERAPY	317,108	260	179,263	3,200	47,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,189	59	40,831	335	16,008	67.00
68.00	06800	SPEECH PATHOLOGY	37,558	28	19,602	1,402	6,468	68.00
69.00	06900	ELECTROCARDIOLOGY	47,490	38	26,520	151	58,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,581	14	9,360	1,031	15,126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	282,448	100,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	578,723	376,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	253,244	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	235,723	181	124,731	6,606	167,376	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	352,325	307	211,616	17,187	407,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,121,568	7,581	5,233,628	1,295,657	3,714,840	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	78,449	83	57,313	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	31,859	24	16,685	0	0	192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	2	0	192.04
192.05	19205	ANSON CLINIC	174,190	160	110,759	10	0	192.05
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)	9,406,066	7,848	5,418,385	1,295,669	3,714,840	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 9:51 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	23,269,288	23,269,288			5.05
6.00	00600	MAINTENANCE & REPAIRS	5,887,135	957,154	6,844,289		6.00
7.00	00700	OPERATION OF PLANT	6,575,327	1,069,043	1,196,575	8,840,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	118,329	19,238	0	137,567	8.00
9.00	00900	HOUSEKEEPING	6,497,283	1,056,354	98,608	154,361	0 9.00
10.00	01000	DIETARY	1,483,096	241,128	44,050	68,956	0 10.00
11.00	01100	CAFETERIA	2,628,819	427,404	288,272	451,262	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,038,635	494,033	42,615	66,709	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,759,261	1,586,700	295,226	462,148	638 14.00
15.00	01500	PHARMACY	3,907,836	635,352	107,117	167,682	7 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	229,904	37,379	18,710	29,289	0 16.00
17.00	01700	SOCIAL SERVICE	650,861	105,820	10,713	16,771	0 17.00
18.00	01850	PATIENT TRANSPORTATION	309,293	50,286	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,148,664	3,438,481	1,421,882	2,225,816	79,291 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,561,257	253,835	132,184	206,921	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,310,590	538,249	364,326	570,316	5,819 34.02
43.00	04300	NURSERY	2,361,613	383,960	172,252	269,644	5,043 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,287,363	1,835,145	783,449	1,226,413	6,927 50.00
51.00	05100	RECOVERY ROOM	3,387,187	550,702	152,859	239,286	7,662 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,688,939	924,930	498,543	780,420	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,816,213	1,108,207	312,433	489,083	12,937 54.00
56.00	05600	RADIOISOTOPE	420,137	68,308	21,324	33,381	0 56.00
60.00	06000	LABORATORY	6,681,244	1,086,263	156,174	244,475	235 60.00
65.00	06500	RESPIRATORY THERAPY	2,667,050	433,620	30,620	47,932	11 65.00
66.00	06600	PHYSICAL THERAPY	3,395,236	552,011	5,707	8,934	1,048 66.00
67.00	06700	OCCUPATIONAL THERAPY	646,686	105,141	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	292,804	47,605	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	811,216	131,891	42,973	67,271	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	546,568	88,863	14,455	22,629	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,854,088	789,197	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,116,546	1,644,789	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,186,854	680,715	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,173,187	515,909	264,282	413,708	5,677 75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,497,845	731,278	232,877	364,546	12,272 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	162,206,354	22,588,990	6,708,226	8,627,953	137,567 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,270	28,821	35,729	55,930	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	1,547,010	251,519	9,722	15,219	0 192.01
192.02	19202	CHILD BIRTH EDUCATION	274,228	44,585	0	0	0 192.02
192.04	19204	PHYSICIANS' PRIVATE OFFICES	261,622	42,536	90,612	141,843	0 192.04
192.05	19205	ANSON CLINIC	1,924,157	312,837	0	0	0 192.05
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	166,390,641	23,269,288	6,844,289	8,840,945	137,567 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMI TTING						5.04
5.05	00590 OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING	7,806,606					9.00
10.00	01000 DIETARY	61,970	1,899,200				10.00
11.00	01100 CAFETERIA	405,548	0	4,201,305			11.00
13.00	01300 NURSING ADMINISTRATION	59,951	0	224,600	3,926,543		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	415,331	0	142,235	0	12,661,539	14.00
15.00	01500 PHARMACY	150,695	0	173,243	0	41,022	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	26,322	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	15,072	0	32,531	0	0	17.00
18.00	01850 PATIENT TRANSPORTATION	0	0	46,374	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,000,335	1,726,275	1,133,383	1,936,079	631,262	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	185,959	48,673	69	125	35,018	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	512,541	0	2,284	4,010	93,886	34.02
43.00	04300 NURSERY	242,329	0	135,660	234,084	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,102,173	0	419,231	405,511	2,260,499	50.00
51.00	05100 RECOVERY ROOM	215,045	1,339	189,439	342,103	138,804	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	701,361	99,353	272,704	378,068	291,819	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	439,538	0	339,704	55,764	107,884	54.00
56.00	05600 RADIOISOTOPE	30,000	0	18,134	0	533	56.00
60.00	06000 LABORATORY	219,709	0	142,720	94,736	3,675	60.00
65.00	06500 RESPIRATORY THERAPY	43,076	0	116,003	0	121,281	65.00
66.00	06600 PHYSICAL THERAPY	8,029	0	182,933	0	32,086	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	41,667	0	3,359	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	20,003	0	14,058	68.00
69.00	06900 ELECTROCARDIOLOGY	60,456	0	27,063	0	1,518	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,336	0	9,552	0	10,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,832,402	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,803,384	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	371,798	11,726	127,285	150,250	66,244	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	327,616	11,834	215,948	278,194	172,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,615,190	1,899,200	4,012,765	3,878,924	12,661,418	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,264	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	13,678	0	58,486	0	3	192.01
192.02	19202 CHILD BIRTH EDUCATION	0	0	17,027	6,015	0	192.02
192.04	19204 PHYSICIANS' PRIVATE OFFICES	127,474	0	0	0	16	192.04
192.05	19205 ANSON CLINIC	0	0	113,027	41,604	102	192.05
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)	7,806,606	1,899,200	4,201,305	3,926,543	12,661,539	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 9:51 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal		
				PATIENT TRANSPORTATION				
	15.00	16.00	17.00	18.00		24.00		
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01	
1.02 00102 MOB LEASED SPACE							1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00	
5.01 00540 NONPATIENT TELEPHONES							5.01	
5.02 00550 DATA PROCESSING							5.02	
5.03 00560 PURCHASING RECEIVING AND STORES							5.03	
5.04 00570 ADMITTING							5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL							5.05	
6.00 00600 MAINTENANCE & REPAIRS							6.00	
7.00 00700 OPERATION OF PLANT							7.00	
8.00 00800 LAUNDRY & LINEN SERVICE							8.00	
9.00 00900 HOUSEKEEPING							9.00	
10.00 01000 DIETARY							10.00	
11.00 01100 CAFETERIA							11.00	
13.00 01300 NURSING ADMINISTRATION							13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00	
15.00 01500 PHARMACY	5,182,954						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	341,604					16.00	
17.00 01700 SOCIAL SERVICE	0	0	831,768				17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	405,953			18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	138,408	30,584	563,897	275,216		36,749,573	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	2,622	28,479	13,900		2,469,042	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	10,888	9,341	113,272	55,283		5,590,805	34.02	
43.00 04300 NURSERY	0	4,136	126,120	61,554		3,996,395	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	117,607	74,102	0	0		19,518,420	50.00	
51.00 05100 RECOVERY ROOM	27,671	13,799	0	0		5,265,896	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	41,449	19,467	0	0		9,697,053	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	28,233	23,444	0	0		9,733,440	54.00	
56.00 05600 RADIOISOTOPE	14,630	3,524	0	0		609,971	56.00	
60.00 06000 LABORATORY	260	22,678	0	0		8,652,169	60.00	
65.00 06500 RESPIRATORY THERAPY	3,158	4,699	0	0		3,467,450	65.00	
66.00 06600 PHYSICAL THERAPY	109	4,327	0	0		4,190,420	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	1,473	0	0		798,326	67.00	
68.00 06800 SPEECH PATHOLOGY	0	595	0	0		375,065	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	5,386	0	0		1,147,774	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	32	1,391	0	0		714,162	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,242	0	0		8,484,929	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	34,655	0	0		17,599,374	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	4,675,007	23,295	0	0		9,565,871	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	20,646	15,396	0	0		5,136,108	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00 09100 EMERGENCY	104,856	37,448	0	0		6,987,062	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
SPECIAL PURPOSE COST CENTERS								
118.00								
	SUBTOTALS (SUM OF LINES 1 through 117)							118.00
	5,182,954	341,604	831,768	405,953	160,749,305			
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		348,014	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0		1,895,637	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0		341,855	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		664,103	192.04	
192.05 19205 ANSON CLINIC	0	0	0	0		2,391,727	192.05	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers						0	201.00
202.00	TOTAL (sum lines 118 through 201)						5,182,954	202.00
	5,182,954	341,604	831,768	405,953	166,390,641			

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	36,749,573
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	2,469,042
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	5,590,805
43.00	04300	NURSERY	0	3,996,395
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	19,518,420
51.00	05100	RECOVERY ROOM	0	5,265,896
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,697,053
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,733,440
56.00	05600	RADIOISOTOPE	0	609,971
60.00	06000	LABORATORY	0	8,652,169
65.00	06500	RESPIRATORY THERAPY	0	3,467,450
66.00	06600	PHYSICAL THERAPY	0	4,190,420
67.00	06700	OCCUPATIONAL THERAPY	0	798,326
68.00	06800	SPEECH PATHOLOGY	0	375,065
69.00	06900	ELECTROCARDIOLOGY	0	1,147,774
70.00	07000	ELECTROENCEPHALOGRAPHY	0	714,162
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,484,929
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,599,374
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,565,871
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	5,136,108
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	6,987,062
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	160,749,305
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	348,014
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	1,895,637
192.02	19202	CHILD BIRTH EDUCATION	0	341,855
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	664,103
192.05	19205	ANSON CLINIC	0	2,391,727
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118 through 201)	0	166,390,641

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 9:51 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02 00102	MOB LEASED SPACE					1.02	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,138	21,634	11,010	1,029	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5,658	5.01
5.02 00550	DATA PROCESSING	0	112,512	185,277	5,249	9,683	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	209,060	344,263	2,659	24,496	5.03
5.04 00570	ADMITTING	0	70,900	116,753	0	1,582	5.04
5.05 00590	OTHER ADMINISTRATIVE & GENERAL	0	87,585	144,229	297,302	152,201	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	116,337	191,575	0	163,763	6.00
7.00 00700	OPERATION OF PLANT	0	1,293,993	2,130,849	26,535	45,403	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	106,636	175,601	4,266	131,435	9.00
10.00 01000	DIETARY	0	47,636	78,444	0	2,433	10.00
11.00 01100	CAFETERIA	0	311,742	513,352	0	35,352	11.00
13.00 01300	NURSING ADMINISTRATION	0	46,084	75,888	0	11,977	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	319,262	525,737	0	161,304	14.00
15.00 01500	PHARMACY	0	115,838	190,754	0	151,167	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	20,233	33,319	0	1,638	16.00
17.00 01700	SOCIAL SERVICE	0	11,586	19,078	0	459	17.00
18.00 01850	PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,537,645	2,532,072	0	305,844	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	0	142,945	235,392	0	27,146	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	0	393,987	648,788	6,800	39,946	34.02
43.00 04300	NURSERY	0	186,276	306,746	0	4,609	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	847,233	1,395,158	0	1,899,582	50.00
51.00 05100	RECOVERY ROOM	0	165,304	272,210	0	54,490	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	539,131	887,800	0	113,005	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	337,869	556,378	312,688	582,165	54.00
56.00 05600	RADIOISOTOPE	0	23,060	37,974	0	170	56.00
60.00 06000	LABORATORY	0	168,888	278,113	0	2,249	60.00
65.00 06500	RESPIRATORY THERAPY	0	33,112	54,527	0	76,050	65.00
66.00 06600	PHYSICAL THERAPY	0	6,172	10,163	540,327	14,215	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	999	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,815	68.00
69.00 06900	ELECTROCARDIOLOGY	0	46,472	76,527	0	239,321	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,632	25,742	0	41,569	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	0	285,798	470,631	0	91,457	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	0	251,836	414,704	0	82,983	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	7,863,902	12,949,678	1,206,836	4,477,195	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,637	63,625	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	0	10,514	17,314	32,006	3,977	192.01
192.02 19202	CHILD BIRTH EDUCATION	0	0	0	0	0	192.02
192.04 19204	PHYSICIANS' PRIVATE OFFICES	0	97,989	161,360	0	2,271	192.04
192.05 19205	ANSON CLINIC	0	0	0	0	29,391	192.05
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	8,011,042	13,191,977	1,238,842	4,512,834	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,811	46,811			4.00
5.01	00540	NONPATIENT TELEPHONES	5,658	0	5,658		5.01
5.02	00550	DATA PROCESSING	312,721	0	0	312,721	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	580,478	0	0	0	580,478
5.04	00570	ADMINISTRATIVE	189,235	985	116	6,404	178
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	681,317	3,470	195	10,777	29
6.00	00600	MAINTENANCE & REPAIRS	471,675	1,695	224	12,397	2,881
7.00	00700	OPERATION OF PLANT	3,496,780	919	138	7,602	1
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	417,938	1,181	313	17,302	327
10.00	01000	DIETARY	128,513	586	139	7,657	192
11.00	01100	CAFETERIA	860,446	1,002	235	12,969	24
13.00	01300	NURSING ADMINISTRATION	133,949	1,979	230	12,703	83
14.00	01400	CENTRAL SERVICES & SUPPLY	1,006,303	674	146	8,044	11,092
15.00	01500	PHARMACY	457,759	1,976	177	9,798	1,833
16.00	01600	MEDICAL RECORDS & LIBRARY	55,190	0	0	0	0
17.00	01700	SOCIAL SERVICE	31,123	267	33	1,840	0
18.00	01850	PATIENT TRANSPORTATION	0	173	47	2,623	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,375,561	9,077	1,158	64,100	28,203
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	405,483	701	0	4	1,565
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,089,521	2,088	2	129	4,195
43.00	04300	NURSERY	497,631	1,080	139	7,673	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,141,973	3,301	429	23,710	100,992
51.00	05100	RECOVERY ROOM	492,004	1,633	194	10,714	6,201
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,539,936	2,283	279	15,423	13,038
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,789,100	2,659	348	19,213	4,820
56.00	05600	RADIOISOTOPE	61,204	182	19	1,026	24
60.00	06000	LABORATORY	449,250	530	146	8,072	164
65.00	06500	RESPIRATORY THERAPY	163,689	1,546	119	6,561	5,418
66.00	06600	PHYSICAL THERAPY	570,877	1,579	187	10,346	1,433
67.00	06700	OCCUPATIONAL THERAPY	999	384	43	2,357	150
68.00	06800	SPEECH PATHOLOGY	1,815	187	20	1,131	628
69.00	06900	ELECTROCARDIOLOGY	362,320	236	28	1,531	68
70.00	07000	ELECTROENCEPHALOGRAPHY	82,943	93	10	540	462
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	126,543
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	259,268
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	847,886	1,174	130	7,199	2,960
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	749,523	1,754	221	12,213	7,700
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,497,611	45,394	5,465	302,058	580,472
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,262	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	63,811	391	60	3,308	0
192.02	19202	CHILD BIRTH EDUCATION	0	159	17	963	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	261,620	0	0	0	1
192.05	19205	ANSON CLINIC	29,391	867	116	6,392	5
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	26,954,695	46,811	5,658	312,721	580,478

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMINITTING	196,918					5.04
5.05	00590 OTHER ADMINISTRATIVE & GENERAL	0	695,788				5.05
6.00	00600 MAINTENANCE & REPAIRS	0	28,623	517,495			6.00
7.00	00700 OPERATION OF PLANT	0	31,969	90,473	3,627,882		7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	575	0	0	575	8.00
9.00	00900 HOUSEKEEPING	0	31,590	7,456	63,342	0	9.00
10.00	01000 DIETARY	0	7,211	3,331	28,296	0	10.00
11.00	01100 CAFETERIA	0	12,781	21,796	185,175	0	11.00
13.00	01300 NURSING ADMINISTRATION	0	14,774	3,222	27,374	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	47,450	22,322	189,643	3	14.00
15.00	01500 PHARMACY	0	19,000	8,099	68,808	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1,118	1,415	12,019	0	16.00
17.00	01700 SOCIAL SERVICE	0	3,164	810	6,882	0	17.00
18.00	01850 PATIENT TRANSPORTATION	0	1,504	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	17,613	102,756	107,508	913,365	332	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	1,510	7,591	9,994	84,910	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	5,379	16,096	27,547	234,029	24	34.02
43.00	04300 NURSERY	2,382	11,482	13,024	110,649	21	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,867	54,879	59,236	503,258	29	50.00
51.00	05100 RECOVERY ROOM	7,946	16,469	11,558	98,191	32	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,211	27,660	37,695	320,245	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,501	33,140	23,623	200,695	54	54.00
56.00	05600 RADIO SOTOPE	2,030	2,043	1,612	13,698	0	56.00
60.00	06000 LABORATORY	13,060	32,484	11,808	100,320	1	60.00
65.00	06500 RESPIRATORY THERAPY	2,706	12,967	2,315	19,669	0	65.00
66.00	06600 PHYSICAL THERAPY	2,492	16,508	432	3,666	4	66.00
67.00	06700 OCCUPATIONAL THERAPY	848	3,144	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	343	1,424	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,102	3,944	3,249	27,605	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	801	2,657	1,093	9,286	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,322	23,601	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,957	49,187	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,415	20,356	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	8,867	15,428	19,982	169,765	24	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	21,566	21,869	17,608	149,591	51	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	196,918	675,444	507,208	3,540,481	575	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	862	2,701	22,951	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	7,522	735	6,245	0	192.01
192.02	19202 CHILDBIRTH EDUCATION	0	1,333	0	0	0	192.02
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	1,272	6,851	58,205	0	192.04
192.05	19205 ANSON CLINIC	0	9,355	0	0	0	192.05
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)	196,918	695,788	517,495	3,627,882	575	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	539,449					9.00
10.00	01000	4,282	180,207				10.00
11.00	01100	28,024	0	1,122,452			11.00
13.00	01300	4,143	0	60,006	258,463		13.00
14.00	01400	28,700	0	38,001	0	1,352,378	14.00
15.00	01500	10,413	0	46,285	0	4,382	15.00
16.00	01600	1,819	0	0	0	0	16.00
17.00	01700	1,041	0	8,691	0	0	17.00
18.00	01850	0	0	12,390	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	138,227	163,799	302,803	127,441	67,425	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	12,850	4,618	18	8	3,740	34.01
34.02	03402	35,417	0	610	264	10,028	34.02
43.00	04300	16,745	0	36,244	15,408	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	76,162	0	112,005	26,693	241,444	50.00
51.00	05100	14,860	127	50,612	22,519	14,826	51.00
52.00	05200	48,465	9,427	72,858	24,886	31,169	52.00
54.00	05400	30,373	0	90,758	3,671	11,523	54.00
56.00	05600	2,073	0	4,845	0	57	56.00
60.00	06000	15,182	0	38,130	6,236	393	60.00
65.00	06500	2,977	0	30,992	0	12,954	65.00
66.00	06600	555	0	48,874	0	3,427	66.00
67.00	06700	0	0	11,132	0	359	67.00
68.00	06800	0	0	5,344	0	1,502	68.00
69.00	06900	4,178	0	7,230	0	162	69.00
70.00	07000	1,405	0	2,552	0	1,104	70.00
71.00	07100	0	0	0	0	302,528	71.00
72.00	07200	0	0	0	0	619,859	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	25,692	1,113	34,006	9,890	7,075	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	22,639	1,123	57,694	18,312	18,408	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		526,222	180,207	1,072,080	255,328	1,352,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,473	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	945	0	15,626	0	0	192.01
192.02	19202	0	0	4,549	396	0	192.02
192.04	19204	8,809	0	0	0	2	192.04
192.05	19205	0	0	30,197	2,739	11	192.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		539,449	180,207	1,122,452	258,463	1,352,378	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal		
				PATIENT TRANSPORTATION				
	15.00	16.00	17.00	18.00		24.00		
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01	
1.02 00102 MOB LEASED SPACE							1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00	
5.01 00540 NONPATIENT TELEPHONES							5.01	
5.02 00550 DATA PROCESSING							5.02	
5.03 00560 PURCHASING RECEIVING AND STORES							5.03	
5.04 00570 ADMITTING							5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL							5.05	
6.00 00600 MAINTENANCE & REPAIRS							6.00	
7.00 00700 OPERATION OF PLANT							7.00	
8.00 00800 LAUNDRY & LINEN SERVICE							8.00	
9.00 00900 HOUSEKEEPING							9.00	
10.00 01000 DIETARY							10.00	
11.00 01100 CAFETERIA							11.00	
13.00 01300 NURSING ADMINISTRATION							13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00	
15.00 01500 PHARMACY	628,530						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	71,561					16.00	
17.00 01700 SOCIAL SERVICE	0	0	53,851				17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	16,737			18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	16,785	6,422	36,508	11,347		6,490,430	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	551	1,844	573		535,960	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,320	1,961	7,334	2,279		1,438,223	34.02	
43.00 04300 NURSERY	0	868	8,165	2,538		724,049	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	14,262	15,391	0	0		5,416,631	50.00	
51.00 05100 RECOVERY ROOM	3,356	2,897	0	0		754,139	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,027	4,088	0	0		2,163,690	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,424	4,923	0	0		2,231,825	54.00	
56.00 05600 RADIOISOTOPE	1,774	740	0	0		91,327	56.00	
60.00 06000 LABORATORY	32	4,762	0	0		680,570	60.00	
65.00 06500 RESPIRATORY THERAPY	383	987	0	0		263,283	65.00	
66.00 06600 PHYSICAL THERAPY	13	909	0	0		661,302	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	309	0	0		19,725	67.00	
68.00 06800 SPEECH PATHOLOGY	0	125	0	0		12,519	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	1,131	0	0		414,784	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	4	292	0	0		103,242	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,941	0	0		459,935	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	7,277	0	0		955,548	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	566,930	4,891	0	0		605,592	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	2,504	3,233	0	0		1,156,928	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00 09100 EMERGENCY	12,716	7,863	0	0		1,120,851	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	628,530	71,561	53,851	16,737	26,300,553	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		132,249	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0		98,643	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0		7,417	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		336,760	192.04	
192.05 19205 ANSON CLINIC	0	0	0	0		79,073	192.05	
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)	628,530	71,561	53,851	16,737	26,954,695	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,490,430
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	535,960
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,438,223
43.00	04300	NURSERY	0	724,049
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,416,631
51.00	05100	RECOVERY ROOM	0	754,139
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,163,690
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,231,825
56.00	05600	RADIOISOTOPE	0	91,327
60.00	06000	LABORATORY	0	680,570
65.00	06500	RESPIRATORY THERAPY	0	263,283
66.00	06600	PHYSICAL THERAPY	0	661,302
67.00	06700	OCCUPATIONAL THERAPY	0	19,725
68.00	06800	SPEECH PATHOLOGY	0	12,519
69.00	06900	ELECTROCARDIOLOGY	0	414,784
70.00	07000	ELECTROENCEPHALOGRAPHY	0	103,242
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	459,935
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	955,548
73.00	07300	DRUGS CHARGED TO PATIENTS	0	605,592
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,156,928
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	1,120,851
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	26,300,553
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	132,249
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	98,643
192.02	19202	CHILD BIRTH EDUCATION	0	7,417
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	336,760
192.05	19205	ANSON CLINIC	0	79,073
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118 through 201)	0	26,954,695

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	433,546					1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST	0	433,546				1.01	
1.02 00102 MOB LEASED SPACE	0	0	89,452			1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				3,325,178		2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	711	711	795	758	57,183,464	4.00	
5.01 00540 NONPATIENT TELEPHONES	0	0	0	4,169	0	5.01	
5.02 00550 DATA PROCESSING	6,089	6,089	379	7,135	0	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	11,314	11,314	192	18,049	0	5.03	
5.04 00570 ADMITTING	3,837	3,837	0	1,166	1,202,917	5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL	4,740	4,740	21,467	112,146	4,236,420	5.05	
6.00 00600 MAINTENANCE & REPAIRS	6,296	6,296	0	120,665	2,069,242	6.00	
7.00 00700 OPERATION OF PLANT	70,029	70,029	1,916	33,454	1,122,440	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,771	5,771	308	96,845	1,442,523	9.00	
10.00 01000 DIETARY	2,578	2,578	0	1,793	714,923	10.00	
11.00 01100 CAFETERIA	16,871	16,871	0	26,048	1,223,940	11.00	
13.00 01300 NURSING ADMINISTRATION	2,494	2,494	0	8,825	2,416,491	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	17,278	17,278	0	118,853	823,233	14.00	
15.00 01500 PHARMACY	6,269	6,269	0	111,384	2,413,033	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,095	1,095	0	1,207	0	16.00	
17.00 01700 SOCIAL SERVICE	627	627	0	338	326,076	17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	0	211,827	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	83,215	83,215	0	225,354	11,110,294	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	7,736	7,736	0	20,002	855,927	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	21,322	21,322	491	29,433	2,549,497	34.02	
43.00 04300 NURSERY	10,081	10,081	0	3,396	1,318,927	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	45,851	45,851	0	1,399,665	4,030,060	50.00	
51.00 05100 RECOVERY ROOM	8,946	8,946	0	40,150	1,993,732	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	29,177	29,177	0	83,265	2,786,990	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	18,285	18,285	22,578	428,955	3,246,115	54.00	
56.00 05600 RADIOISOTOPE	1,248	1,248	0	125	222,341	56.00	
60.00 06000 LABORATORY	9,140	9,140	0	1,657	646,628	60.00	
65.00 06500 RESPIRATORY THERAPY	1,792	1,792	0	56,036	1,888,197	65.00	
66.00 06600 PHYSICAL THERAPY	334	334	39,015	10,474	1,927,838	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	736	469,265	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,337	228,330	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,515	2,515	0	176,338	288,711	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	846	846	0	30,629	112,963	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	15,467	15,467	0	67,388	1,433,062	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	13,629	13,629	0	61,144	2,141,938	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	425,583	425,583	87,141	3,298,919	55,453,880	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,091	2,091	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	569	569	2,311	2,930	476,928	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	193,682	192.02	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	5,303	5,303	0	1,673	0	192.04	
192.05 19205 ANSON CLINIC	0	0	0	21,656	1,058,974	192.05	
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)	8,011,042	13,191,977	1,238,842	4,512,834	9,406,066	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.477952	30.428091	13.849238	1.357171	0.164489	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					46,811	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000819	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	79,887					5.01
5.02	00550	0	79,887				5.02
5.03	00560	0	0	20,510,375			5.03
5.04	00570	1,636	1,636	6,292	710,382,571		5.04
5.05	00590	2,753	2,753	1,007	0	-23,269,288	5.05
6.00	00600	3,167	3,167	101,806	0	0	6.00
7.00	00700	1,942	1,942	31	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,420	4,420	11,547	0	0	9.00
10.00	01000	1,956	1,956	6,788	0	0	10.00
11.00	01100	3,313	3,313	855	0	0	11.00
13.00	01300	3,245	3,245	2,918	0	0	13.00
14.00	01400	2,055	2,055	391,900	0	0	14.00
15.00	01500	2,503	2,503	64,756	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	470	470	0	0	0	17.00
18.00	01850	670	670	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,375	16,375	996,497	63,583,168	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1	1	55,279	5,451,790	0	34.01
34.02	03402	33	33	148,207	19,420,332	0	34.02
43.00	04300	1,960	1,960	0	8,598,535	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,057	6,057	3,568,377	154,242,825	0	50.00
51.00	05100	2,737	2,737	219,113	28,687,122	0	51.00
52.00	05200	3,940	3,940	460,660	40,472,921	0	52.00
54.00	05400	4,908	4,908	170,304	48,740,936	0	54.00
56.00	05600	262	262	842	7,326,803	0	56.00
60.00	06000	2,062	2,062	5,802	47,148,215	0	60.00
65.00	06500	1,676	1,676	191,452	9,769,944	0	65.00
66.00	06600	2,643	2,643	50,650	8,996,600	0	66.00
67.00	06700	602	602	5,302	3,061,338	0	67.00
68.00	06800	289	289	22,192	1,236,924	0	68.00
69.00	06900	391	391	2,397	11,197,015	0	69.00
70.00	07000	138	138	16,316	2,892,741	0	70.00
71.00	07100	0	0	4,471,171	19,213,790	0	71.00
72.00	07200	0	0	9,161,088	72,047,300	0	72.00
73.00	07300	0	0	0	48,430,624	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,839	1,839	104,571	32,009,186	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,120	3,120	272,065	77,854,462	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		77,163	77,163	20,510,185	710,382,571	-23,269,288	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	845	845	4	0	0	192.01
192.02	19202	246	246	0	0	0	192.02
192.04	19204	0	0	25	0	0	192.04
192.05	19205	1,633	1,633	161	0	0	192.05
200.00							200.00
201.00							201.00
202.00		7,848	5,418,385	1,295,669	3,714,840		202.00
203.00		0.098239	67.825616	0.063171	0.005229		203.00
204.00		5,658	312,721	580,478	196,918		204.00
205.00		0.070825	3.914542	0.028302	0.000277		205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2017 To 12/31/2017	Worksheet B-1 Date/Time Prepared: 5/29/2018 9:51 am	
Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	143,121,353				5.05
6.00	00600	MAINTENANCE & REPAIRS	5,887,135	400,559			6.00
7.00	00700	OPERATION OF PLANT	6,575,327	70,029	330,530		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	118,329	0	0	261,639	8.00
9.00	00900	HOUSEKEEPING	6,497,283	5,771	5,771	0	324,759
10.00	01000	DIETARY	1,483,096	2,578	2,578	0	2,578
11.00	01100	CAFETERIA	2,628,819	16,871	16,871	0	16,871
13.00	01300	NURSING ADMINISTRATION	3,038,635	2,494	2,494	0	2,494
14.00	01400	CENTRAL SERVICES & SUPPLY	9,759,261	17,278	17,278	1,214	17,278
15.00	01500	PHARMACY	3,907,836	6,269	6,269	13	6,269
16.00	01600	MEDICAL RECORDS & LIBRARY	229,904	1,095	1,095	0	1,095
17.00	01700	SOCIAL SERVICE	650,861	627	627	0	627
18.00	01850	PATIENT TRANSPORTATION	309,293	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,148,664	83,215	83,215	150,802	83,215
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,561,257	7,736	7,736	0	7,736
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,310,590	21,322	21,322	11,067	21,322
43.00	04300	NURSERY	2,361,613	10,081	10,081	9,591	10,081
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,287,363	45,851	45,851	13,175	45,851
51.00	05100	RECOVERY ROOM	3,387,187	8,946	8,946	14,573	8,946
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,688,939	29,177	29,177	0	29,177
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,816,213	18,285	18,285	24,605	18,285
56.00	05600	RADIOISOTOPE	420,137	1,248	1,248	0	1,248
60.00	06000	LABORATORY	6,681,244	9,140	9,140	447	9,140
65.00	06500	RESPIRATORY THERAPY	2,667,050	1,792	1,792	21	1,792
66.00	06600	PHYSICAL THERAPY	3,395,236	334	334	1,993	334
67.00	06700	OCCUPATIONAL THERAPY	646,686	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	292,804	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	811,216	2,515	2,515	0	2,515
70.00	07000	ELECTROENCEPHALOGRAPHY	546,568	846	846	0	846
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,854,088	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,116,546	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,186,854	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,173,187	15,467	15,467	10,797	15,467
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,497,845	13,629	13,629	23,341	13,629
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,937,066	392,596	322,567	261,639	316,796
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	177,270	2,091	2,091	0	2,091
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	1,547,010	569	569	0	569
192.02	19202	CHILD BIRTH EDUCATION	274,228	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	261,622	5,303	5,303	0	5,303
192.05	19205	ANSON CLINIC	1,924,157	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	23,269,288	6,844,289	8,840,945	137,567	7,806,606
203.00		Unit cost multiplier (Wkst. B, Part I)	0.162584	17.086844	26.747784	0.525789	24.038151
204.00		Cost to be allocated (per Wkst. B, Part II)	695,788	517,495	3,627,882	575	539,449
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004862	1.291932	10.975954	0.002198	1.661075
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2017 To 12/31/2017		Worksheet B-1 Date/Time Prepared: 5/29/2018 9:51 am	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	70,938					10.00
11.00	01100	0	60,700				11.00
13.00	01300	0	3,245	31,334			13.00
14.00	01400	0	2,055	0	19,987,231		14.00
15.00	01500	0	2,503	0	64,756	4,361,004	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	470	0	0	0	17.00
18.00	01850	0	670	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,479	16,375	15,450	996,497	116,458	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,818	1	1	55,279	0	34.01
34.02	03402	0	33	32	148,207	9,161	34.02
43.00	04300	0	1,960	1,868	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,057	3,236	3,568,377	98,956	50.00
51.00	05100	50	2,737	2,730	219,113	23,283	51.00
52.00	05200	3,711	3,940	3,017	460,660	34,876	52.00
54.00	05400	0	4,908	445	170,304	23,756	54.00
56.00	05600	0	262	0	842	12,310	56.00
60.00	06000	0	2,062	756	5,802	219	60.00
65.00	06500	0	1,676	0	191,452	2,657	65.00
66.00	06600	0	2,643	0	50,650	92	66.00
67.00	06700	0	602	0	5,302	0	67.00
68.00	06800	0	289	0	22,192	0	68.00
69.00	06900	0	391	0	2,397	0	69.00
70.00	07000	0	138	0	16,316	27	70.00
71.00	07100	0	0	0	4,471,171	0	71.00
72.00	07200	0	0	0	9,161,088	0	72.00
73.00	07300	0	0	0	0	3,933,610	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	438	1,839	1,199	104,571	17,372	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	442	3,120	2,220	272,065	88,227	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		70,938	57,976	30,954	19,987,041	4,361,004	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	845	0	4	0	192.01
192.02	19202	0	246	48	0	0	192.02
192.04	19204	0	0	0	25	0	192.04
192.05	19205	0	1,633	332	161	0	192.05
200.00							200.00
201.00							201.00
202.00		1,899,200	4,201,305	3,926,543	12,661,539	5,182,954	202.00
203.00		26.772675	69.214250	125.312536	0.633481	1.188477	203.00
204.00		180,207	1,122,452	258,463	1,352,378	628,530	204.00
205.00		2.540345	18.491796	8.248644	0.067662	0.144125	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2017 To 12/31/2017		Worksheet B-1 Date/Time Prepared: 5/29/2018 9:51 am	
Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)		
		10.00	11.00	13.00	14.00	15.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION		
			(TOTAL PATIENT DAYS)	(TOTAL PATIENT DAYS)	
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMINISTRATION					5.04
5.05 00590 OTHER ADMINISTRATIVE & GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	710,382,571				16.00
17.00 01700 SOCIAL SERVICE	0	33,470			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	33,470		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	63,583,168	22,691	22,691		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	5,451,790	1,146	1,146		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	19,420,332	4,558	4,558		34.02
43.00 04300 NURSERY	8,598,535	5,075	5,075		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	154,242,825	0	0		50.00
51.00 05100 RECOVERY ROOM	28,687,122	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,472,921	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	48,740,936	0	0		54.00
56.00 05600 RADIOISOTOPE	7,326,803	0	0		56.00
60.00 06000 LABORATORY	47,148,215	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	9,769,944	0	0		65.00
66.00 06600 PHYSICAL THERAPY	8,996,600	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	3,061,338	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	1,236,924	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	11,197,015	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,892,741	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,213,790	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	72,047,300	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48,430,624	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	32,009,186	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	77,854,462	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	710,382,571	33,470	33,470	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 CHILD BIRTH EDUCATION	0	0	0		192.02
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 ANSON CLINIC	0	0	0		192.05
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)	341,604	831,768	405,953	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000481	24.851150	12.128862	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	71,561	53,851	16,737	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000101	1.608933	0.500060	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (TOTAL PATIENT DAYS)		
	16.00	17.00	18.00		
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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:51 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		36,749,573	0	36,749,573	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		2,469,042	0	2,469,042	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		5,590,805	0	5,590,805	34.02
43.00	04300	NURSERY		3,996,395	0	3,996,395	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		19,518,420	0	19,518,420	50.00
51.00	05100	RECOVERY ROOM		5,265,896	0	5,265,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,697,053	0	9,697,053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,733,440	0	9,733,440	54.00
56.00	05600	RADIOISOTOPE		609,971	0	609,971	56.00
60.00	06000	LABORATORY		8,652,169	0	8,652,169	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,467,450	0	3,467,450	65.00
66.00	06600	PHYSICAL THERAPY	0	4,190,420	0	4,190,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	798,326	0	798,326	67.00
68.00	06800	SPEECH PATHOLOGY	0	375,065	0	375,065	68.00
69.00	06900	ELECTROCARDIOLOGY		1,147,774	0	1,147,774	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		714,162	0	714,162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,484,929	0	8,484,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		17,599,374	0	17,599,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		9,565,871	0	9,565,871	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,136,108	0	5,136,108	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		6,987,062	0	6,987,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,921,948	0	2,921,948	92.00
200.00		Subtotal (see instructions)	0	163,671,253	0	163,671,253	200.00
201.00		Less Observation Beds		2,921,948		2,921,948	201.00
202.00		Total (see instructions)	0	160,749,305	0	160,749,305	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,263,368		57,263,368		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,451,790		5,451,790		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,420,332		19,420,332		34.02
43.00	04300	NURSERY	8,598,535		8,598,535		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	66,576,603	87,666,222	154,242,825	0.126543	50.00
51.00	05100	RECOVERY ROOM	7,833,654	20,853,468	28,687,122	0.183563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,505,571	6,967,350	40,472,921	0.239594	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,139,560	39,601,376	48,740,936	0.199697	54.00
56.00	05600	RADIOISOTOPE	813,283	6,513,520	7,326,803	0.083252	56.00
60.00	06000	LABORATORY	19,108,834	28,039,381	47,148,215	0.183510	60.00
65.00	06500	RESPIRATORY THERAPY	6,783,541	2,986,403	9,769,944	0.354910	65.00
66.00	06600	PHYSICAL THERAPY	3,810,497	5,186,103	8,996,600	0.465778	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,930,408	1,130,930	3,061,338	0.260777	67.00
68.00	06800	SPEECH PATHOLOGY	382,799	854,125	1,236,924	0.303224	68.00
69.00	06900	ELECTROCARDIOLOGY	3,703,475	7,493,540	11,197,015	0.102507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	780,241	2,112,500	2,892,741	0.246881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,391,741	10,822,049	19,213,790	0.441606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,692,961	20,354,339	72,047,300	0.244275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,723,166	14,707,458	48,430,624	0.197517	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,216,496	18,792,690	32,009,186	0.160457	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,470,967	64,383,495	77,854,462	0.089745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	282,822	6,036,978	6,319,800	0.462348	92.00
200.00		Subtotal (see instructions)	365,880,644	344,501,927	710,382,571		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	365,880,644	344,501,927	710,382,571		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.126543	50.00
51.00	05100	RECOVERY ROOM	0.183563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239594	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199697	54.00
56.00	05600	RADIOISOTOPE	0.083252	56.00
60.00	06000	LABORATORY	0.183510	60.00
65.00	06500	RESPIRATORY THERAPY	0.354910	65.00
66.00	06600	PHYSICAL THERAPY	0.465778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260777	67.00
68.00	06800	SPEECH PATHOLOGY	0.303224	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.244275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197517	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.160457	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.089745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	92.00
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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:51 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		36,749,573	0	36,749,573	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		2,469,042	0	2,469,042	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		5,590,805	0	5,590,805	34.02
43.00	04300	NURSERY		3,996,395	0	3,996,395	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		19,518,420	0	19,518,420	50.00
51.00	05100	RECOVERY ROOM		5,265,896	0	5,265,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,697,053	0	9,697,053	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,733,440	0	9,733,440	54.00
56.00	05600	RADIOISOTOPE		609,971	0	609,971	56.00
60.00	06000	LABORATORY		8,652,169	0	8,652,169	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,467,450	0	3,467,450	65.00
66.00	06600	PHYSICAL THERAPY	0	4,190,420	0	4,190,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	798,326	0	798,326	67.00
68.00	06800	SPEECH PATHOLOGY	0	375,065	0	375,065	68.00
69.00	06900	ELECTROCARDIOLOGY		1,147,774	0	1,147,774	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		714,162	0	714,162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,484,929	0	8,484,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		17,599,374	0	17,599,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		9,565,871	0	9,565,871	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,136,108	0	5,136,108	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		6,987,062	0	6,987,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,921,948	0	2,921,948	92.00
200.00		Subtotal (see instructions)	0	163,671,253	0	163,671,253	200.00
201.00		Less Observation Beds		2,921,948		2,921,948	201.00
202.00		Total (see instructions)	0	160,749,305	0	160,749,305	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 9:51 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							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,263,368		57,263,368			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,451,790		5,451,790			34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,420,332		19,420,332			34.02
43.00	04300	NURSERY	8,598,535		8,598,535			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,576,603	87,666,222	154,242,825	0.126543	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,833,654	20,853,468	28,687,122	0.183563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,505,571	6,967,350	40,472,921	0.239594	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,139,560	39,601,376	48,740,936	0.199697	0.000000	54.00
56.00	05600	RADIOISOTOPE	813,283	6,513,520	7,326,803	0.083252	0.000000	56.00
60.00	06000	LABORATORY	19,108,834	28,039,381	47,148,215	0.183510	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,783,541	2,986,403	9,769,944	0.354910	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,810,497	5,186,103	8,996,600	0.465778	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,930,408	1,130,930	3,061,338	0.260777	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	382,799	854,125	1,236,924	0.303224	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,703,475	7,493,540	11,197,015	0.102507	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	780,241	2,112,500	2,892,741	0.246881	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,391,741	10,822,049	19,213,790	0.441606	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,692,961	20,354,339	72,047,300	0.244275	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,723,166	14,707,458	48,430,624	0.197517	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,216,496	18,792,690	32,009,186	0.160457	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,470,967	64,383,495	77,854,462	0.089745	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	282,822	6,036,978	6,319,800	0.462348	0.000000	92.00
200.00		Subtotal (see instructions)	365,880,644	344,501,927	710,382,571			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	365,880,644	344,501,927	710,382,571			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 9:51 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.126543	50.00
51.00	05100	RECOVERY ROOM	0.183563	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239594	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199697	54.00
56.00	05600	RADIOISOTOPE	0.083252	56.00
60.00	06000	LABORATORY	0.183510	60.00
65.00	06500	RESPIRATORY THERAPY	0.354910	65.00
66.00	06600	PHYSICAL THERAPY	0.465778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260777	67.00
68.00	06800	SPEECH PATHOLOGY	0.303224	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.244275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197517	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.160457	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.089745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	92.00
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: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/29/2018 9:51 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,518,420	5,416,631	14,101,789	0	0	50.00
51.00	05100	RECOVERY ROOM	5,265,896	754,139	4,511,757	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,697,053	2,163,690	7,533,363	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,733,440	2,231,825	7,501,615	0	0	54.00
56.00	05600	RADIOISOTOPE	609,971	91,327	518,644	0	0	56.00
60.00	06000	LABORATORY	8,652,169	680,570	7,971,599	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,467,450	263,283	3,204,167	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,190,420	661,302	3,529,118	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	798,326	19,725	778,601	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	375,065	12,519	362,546	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,147,774	414,784	732,990	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,162	103,242	610,920	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,484,929	459,935	8,024,994	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,599,374	955,548	16,643,826	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,565,871	605,592	8,960,279	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,136,108	1,156,928	3,979,180	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,987,062	1,120,851	5,866,211	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,921,948	516,051	2,405,897	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	114,865,438	17,627,942	97,237,496	0	0	200.00
201.00		Less Observation Beds	2,921,948	516,051	2,405,897	0	0	201.00
202.00		Total (line 200 minus line 201)	111,943,490	17,111,891	94,831,599	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/29/2018 9:51 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)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	19,518,420	154,242,825	0.126543	50.00
51.00	05100 RECOVERY ROOM	5,265,896	28,687,122	0.183563	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,697,053	40,472,921	0.239594	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,733,440	48,740,936	0.199697	54.00
56.00	05600 RADIOISOTOPE	609,971	7,326,803	0.083252	56.00
60.00	06000 LABORATORY	8,652,169	47,148,215	0.183510	60.00
65.00	06500 RESPIRATORY THERAPY	3,467,450	9,769,944	0.354910	65.00
66.00	06600 PHYSICAL THERAPY	4,190,420	8,996,600	0.465778	66.00
67.00	06700 OCCUPATIONAL THERAPY	798,326	3,061,338	0.260777	67.00
68.00	06800 SPEECH PATHOLOGY	375,065	1,236,924	0.303224	68.00
69.00	06900 ELECTROCARDIOLOGY	1,147,774	11,197,015	0.102507	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	714,162	2,892,741	0.246881	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,484,929	19,213,790	0.441606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,599,374	72,047,300	0.244275	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,565,871	48,430,624	0.197517	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,136,108	32,009,186	0.160457	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	6,987,062	77,854,462	0.089745	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,921,948	6,319,800	0.462348	92.00
200.00	Subtotal (sum of lines 50 thru 199)	114,865,438	619,648,546		200.00
201.00	Less Observation Beds	2,921,948	0		201.00
202.00	Total (line 200 minus line 201)	111,943,490	619,648,546		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,490,430	0	6,490,430	24,651	263.29	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	535,960		535,960	1,146	467.68	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,438,223		1,438,223	4,558	315.54	34.02
43.00	NURSERY	724,049		724,049	5,075	142.67	43.00
200.00	Total (lines 30 through 199)	9,188,662		9,188,662	35,430		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	7,078	1,863,567				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	2	935				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,080	1,864,502				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 9:51 am
--	--	-----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,416,631	154,242,825	0.035118	24,266,043	852,175	50.00
51.00	05100	RECOVERY ROOM	754,139	28,687,122	0.026288	2,865,086	75,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,163,690	40,472,921	0.053460	114,113	6,100	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,231,825	48,740,936	0.045790	3,672,740	168,175	54.00
56.00	05600	RADIOISOTOPE	91,327	7,326,803	0.012465	486,191	6,060	56.00
60.00	06000	LABORATORY	680,570	47,148,215	0.014435	5,994,099	86,525	60.00
65.00	06500	RESPIRATORY THERAPY	263,283	9,769,944	0.026948	1,289,269	34,743	65.00
66.00	06600	PHYSICAL THERAPY	661,302	8,996,600	0.073506	1,643,089	120,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,725	3,061,338	0.006443	886,689	5,713	67.00
68.00	06800	SPEECH PATHOLOGY	12,519	1,236,924	0.010121	188,896	1,912	68.00
69.00	06900	ELECTROCARDIOLOGY	414,784	11,197,015	0.037044	1,665,848	61,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,242	2,892,741	0.035690	288,289	10,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	459,935	19,213,790	0.023938	3,097,431	74,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	955,548	72,047,300	0.013263	24,025,215	318,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	605,592	48,430,624	0.012504	10,498,596	131,274	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,156,928	32,009,186	0.036144	5,796,154	209,496	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,120,851	77,854,462	0.014397	6,072,147	87,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	516,051	6,319,800	0.081656	102,780	8,393	92.00
200.00		Total (lines 50 through 199)	17,627,942	619,648,546		92,952,675	2,258,872	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 9:51 am
Title XVIII			Hospital	PPS

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	24,651	0.00	7,078	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	1,146	0.00	2	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	4,558	0.00	0	34.02
43.00	04300	NURSERY	0	0	5,075	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	35,430	0.00	7,080	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0				34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0				34.02
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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	--

Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	154,242,825	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,687,122	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	40,472,921	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	48,740,936	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	7,326,803	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	47,148,215	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,769,944	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,996,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,061,338	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,236,924	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,197,015	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,892,741	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,213,790	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72,047,300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,430,624	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,009,186	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	77,854,462	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,319,800	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	619,648,546		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	24,266,043	0	12,813,058	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,865,086	0	3,110,204	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	114,113	0	17,997	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,672,740	0	7,016,724	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	486,191	0	2,207,883	0	56.00
60.00	06000 LABORATORY	0.000000	5,994,099	0	2,462,118	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,289,269	0	824,353	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,643,089	0	37,261	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	886,689	0	11,361	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	188,896	0	2,352	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,665,848	0	3,075,850	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	288,289	0	147,249	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,097,431	0	2,844,415	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	24,025,215	0	5,249,630	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	10,498,596	0	2,606,980	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	5,796,154	0	6,073,521	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	6,072,147	0	10,238,449	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	102,780	0	836,595	0	92.00
200.00	Total (lines 50 through 199)		92,952,675	0	59,576,000	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	---

		Title XVIII			Hospital	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.126543	12,813,058	0	0	1,621,403	50.00
51.00	05100 RECOVERY ROOM	0.183563	3,110,204	0	0	570,918	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.239594	17,997	0	0	4,312	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199697	7,016,724	0	0	1,401,219	54.00
56.00	05600 RADIOISOTOPE	0.083252	2,207,883	0	0	183,811	56.00
60.00	06000 LABORATORY	0.183510	2,462,118	0	0	451,823	60.00
65.00	06500 RESPIRATORY THERAPY	0.354910	824,353	0	0	292,571	65.00
66.00	06600 PHYSICAL THERAPY	0.465778	37,261	0	0	17,355	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260777	11,361	0	0	2,963	67.00
68.00	06800 SPEECH PATHOLOGY	0.303224	2,352	0	0	713	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102507	3,075,850	0	0	315,296	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.246881	147,249	0	0	36,353	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	2,844,415	0	0	1,256,111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.244275	5,249,630	0	0	1,282,353	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197517	2,606,980	0	45,348	514,923	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.160457	6,073,521	0	0	974,539	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.089745	10,238,449	0	0	918,850	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	836,595	0	0	386,798	92.00
200.00	Subtotal (see instructions)		59,576,000	0	45,348	10,232,311	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		59,576,000	0	45,348	10,232,311	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,957	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	8,957	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	8,957	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,490,430	0	6,490,430	24,651	263.29	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	535,960		535,960	1,146	467.68	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,438,223		1,438,223	4,558	315.54	34.02
43.00	NURSERY	724,049		724,049	5,075	142.67	43.00
200.00	Total (lines 30 through 199)	9,188,662		9,188,662	35,430		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	241	63,453				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	98	45,833				
34.02	PREMATURE INTENSIVE CARE UNIT	255	80,463				
43.00	NURSERY	958	136,678				
200.00	Total (lines 30 through 199)	1,552	326,427				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 9:51 am
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,416,631	154,242,825	0.035118	215,469	7,567	50.00
51.00	05100 RECOVERY ROOM	754,139	28,687,122	0.026288	37,215	978	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,163,690	40,472,921	0.053460	123,411	6,598	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,231,825	48,740,936	0.045790	119,138	5,455	54.00
56.00	05600 RADIOISOTOPE	91,327	7,326,803	0.012465	8,936	111	56.00
60.00	06000 LABORATORY	680,570	47,148,215	0.014435	311,752	4,500	60.00
65.00	06500 RESPIRATORY THERAPY	263,283	9,769,944	0.026948	484,915	13,067	65.00
66.00	06600 PHYSICAL THERAPY	661,302	8,996,600	0.073506	40,793	2,999	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,725	3,061,338	0.006443	25,101	162	67.00
68.00	06800 SPEECH PATHOLOGY	12,519	1,236,924	0.010121	8,324	84	68.00
69.00	06900 ELECTROCARDIOLOGY	414,784	11,197,015	0.037044	48,381	1,792	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	103,242	2,892,741	0.035690	23,328	833	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	459,935	19,213,790	0.023938	39,383	943	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	955,548	72,047,300	0.013263	7,949	105	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	605,592	48,430,624	0.012504	534,093	6,678	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,156,928	32,009,186	0.036144	92,524	3,344	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,120,851	77,854,462	0.014397	178,363	2,568	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	516,051	6,319,800	0.081656	7,944	649	92.00
200.00	Total (lines 50 through 199)	17,627,942	619,648,546		2,307,019	58,433	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 9:51 am
---	--	-----------------------	---	---

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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
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 col. 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	24,651	0.00	241	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	1,146	0.00	98	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,558	0.00	255	34.02	
43.00	04300	NURSERY		0	5,075	0.00	958	43.00	
200.00		Total (lines 30 through 199)		0	35,430		1,552	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	--

Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	154,242,825	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,687,122	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	40,472,921	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	48,740,936	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	7,326,803	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	47,148,215	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,769,944	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,996,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,061,338	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,236,924	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,197,015	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,892,741	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,213,790	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72,047,300	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,430,624	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,009,186	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	77,854,462	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,319,800	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	619,648,546		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	215,469	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	37,215	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	123,411	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	119,138	0	0	0 54.00
56.00	05600	RADIOISOTOPE	0.000000	8,936	0	0	0 56.00
60.00	06000	LABORATORY	0.000000	311,752	0	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	484,915	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	40,793	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	25,101	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	8,324	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	48,381	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	23,328	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	39,383	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	7,949	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	534,093	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.000000	92,524	0	0	0 75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	178,363	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	7,944	0	0	0 92.00
200.00		Total (lines 50 through 199)		2,307,019	0	0	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:51 am
--	-----------------------	---	---

		Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.126543	0	543,565	0	0	50.00
51.00	05100 RECOVERY ROOM	0.183563	0	193,903	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.239594	0	22,509	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199697	0	293,000	0	0	54.00
56.00	05600 RADIOISOTOPE	0.083252	0	18,869	0	0	56.00
60.00	06000 LABORATORY	0.183510	0	366,857	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.354910	0	56,418	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.465778	0	56,879	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260777	0	35,870	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.303224	0	55,663	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102507	0	42,591	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.246881	0	108,954	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	0	35,785	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.244275	0	180,312	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197517	0	121,715	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.160457	0	117,949	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.089745	0	979,432	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	0	155,076	0	0	92.00
200.00	Subtotal (see instructions)		0	3,385,347	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	3,385,347	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:51 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		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	68,784	0	50.00
51.00	05100 RECOVERY ROOM	35,593	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,393	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	58,511	0	54.00
56.00	05600 RADIOISOTOPE	1,571	0	56.00
60.00	06000 LABORATORY	67,322	0	60.00
65.00	06500 RESPIRATORY THERAPY	20,023	0	65.00
66.00	06600 PHYSICAL THERAPY	26,493	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,354	0	67.00
68.00	06800 SPEECH PATHOLOGY	16,878	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4,366	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	26,899	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,803	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	44,046	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,041	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	18,926	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	87,899	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	71,699	0	92.00
200.00	Subtotal (see instructions)	603,601	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	603,601	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2018 9:51 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,651	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)		22,691	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)		7,078	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,749,573	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		36,749,573	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,749,573	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,490.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,551,812	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)		10,551,812	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		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	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,469,042	1,146	2,154.49	2	4,309	
46.02	PREMATURE INTENSIVE CARE UNIT	5,590,805	4,558	1,226.59	0	0	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,083,932	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,640,053	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,864,502	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,258,872	
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,123,374	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,516,679	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
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)					1,960	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,490.79	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,921,948	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 9:51 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	6,490,430	36,749,573	0.176612	2,921,948	516,051	90.00
91.00	Nursing School cost	0	36,749,573	0.000000	2,921,948	0	91.00
92.00	Allied health cost	0	36,749,573	0.000000	2,921,948	0	92.00
93.00	All other Medical Education	0	36,749,573	0.000000	2,921,948	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2018 9:51 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,651	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)		22,691	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)		241	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)		5,075	15.00
16.00	Nursery days (title V or XIX only)		958	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,749,573	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		36,749,573	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,749,573	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,490.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		359,280	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)		359,280	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		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)	3,996,395	5,075	787.47	958	754,396	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,469,042	1,146	2,154.49	98	211,140	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	5,590,805	4,558	1,226.59	255	312,780	46.02
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					515,653	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,153,249	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)					326,427	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					58,433	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					384,860	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,768,389	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)					1,960	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,490.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,921,948	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 9:51 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	6,490,430	36,749,573	0.176612	2,921,948	516,051	90.00
91.00	Nursing School cost	0	36,749,573	0.000000	2,921,948	0	91.00
92.00	Allied health cost	0	36,749,573	0.000000	2,921,948	0	92.00
93.00	All other Medical Education	0	36,749,573	0.000000	2,921,948	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 9:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,195,629		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		11,604		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.126543	24,266,043	3,070,698	50.00
51.00	05100 RECOVERY ROOM	0.183563	2,865,086	525,924	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.239594	114,113	27,341	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199697	3,672,740	733,435	54.00
56.00	05600 RADIOISOTOPE	0.083252	486,191	40,476	56.00
60.00	06000 LABORATORY	0.183510	5,994,099	1,099,977	60.00
65.00	06500 RESPIRATORY THERAPY	0.354910	1,289,269	457,574	65.00
66.00	06600 PHYSICAL THERAPY	0.465778	1,643,089	765,315	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260777	886,689	231,228	67.00
68.00	06800 SPEECH PATHOLOGY	0.303224	188,896	57,278	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102507	1,665,848	170,761	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.246881	288,289	71,173	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	3,097,431	1,367,844	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.244275	24,025,215	5,868,759	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197517	10,498,596	2,073,651	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.160457	5,796,154	930,033	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.089745	6,072,147	544,945	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	102,780	47,520	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		92,952,675	18,083,932	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		92,952,675		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 9:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		667,474	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		778,081	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		773,166	34.02
43.00	04300	NURSERY		164,999	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126543	215,469	50.00
51.00	05100	RECOVERY ROOM	0.183563	37,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.239594	123,411	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199697	119,138	54.00
56.00	05600	RADIOISOTOPE	0.083252	8,936	56.00
60.00	06000	LABORATORY	0.183510	311,752	60.00
65.00	06500	RESPIRATORY THERAPY	0.354910	484,915	65.00
66.00	06600	PHYSICAL THERAPY	0.465778	40,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260777	25,101	67.00
68.00	06800	SPEECH PATHOLOGY	0.303224	8,324	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102507	48,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246881	23,328	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.441606	39,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.244275	7,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197517	534,093	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.160457	92,524	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.089745	178,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.462348	7,944	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			2,307,019	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)			2,307,019	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,867,312	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,038,883	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)		766,176	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)		155.42	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.55	31.00
32.00	Sum of lines 30 and 31		23.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.38	33.00
34.00	Disproportionate share adjustment (see instructions)		354,185	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000163980	0.000193208	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	980,185	1,307,377	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	733,124	329,531	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,062,655		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	19,089,211		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		19,089,211	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,686,310	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		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,777,592	59.00
60.00	Primary payer payments		6,737	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,770,855	61.00
62.00	Deductibles billed to program beneficiaries		1,859,284	62.00
63.00	Coinurance billed to program beneficiaries		79,289	63.00
64.00	Allowable bad debts (see instructions)		143,521	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		93,289	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		28,180	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,925,571	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)		33,375	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:51 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			208,109	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,750,837	71.00
71.01	Sequestration adjustment (see instructions)			375,017	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			18,572,258	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)			-196,438	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			253,917	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 9:51 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	12,867,312	0	12,867,312		12,867,312	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,038,883	0		4,038,883	4,038,883	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	766,176	0	531,101	235,076	766,177	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
Indirect Medical Education Adjustment								
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0838	0.0838	0.0838	0.0838		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	354,185	0	269,570	84,615	354,185	11.00
11.01	Uncompensated care payments	36.00	1,062,655	0	549,844	403,486	953,330	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,089,211	0	14,327,151	4,762,060	19,089,211	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	19,089,211	0	14,327,151	4,762,060	19,089,211	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,686,310	0	1,283,850	402,460	1,686,310	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	0	2,071	17.00
17.01	Net organ acquisition 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: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 9:51 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	15,613,072	5,164,520	20,777,592	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,371,072	0	1,042,065	329,007	1,371,072	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	249,289	0	191,661	57,628	249,289	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	0.0481	0.0481	0.0481	0.0481		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	65,949	0	50,124	15,825	65,949	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,686,310	0	1,283,850	402,460	1,686,310	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 9:51 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,867,312	12,867,312		12,867,312	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,038,883		4,038,883	4,038,883	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	766,176	531,100	235,076	766,176	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
Indirect Medical Education Adjustment							
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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0838	0.0838	0.0838		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	354,185	269,570	84,615	354,185	11.00
11.01	Uncompensated care payments	36.00	1,062,655	733,124	329,531	1,062,655	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,089,211	14,401,106	4,688,105	19,089,211	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	19,089,211	14,401,106	4,688,105	19,089,211	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,686,310	1,283,850	402,460	1,686,310	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	2,071	0	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,687,027	5,090,565	20,777,592	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2018 9:51 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,371,072	1,042,065	329,007	1,371,072	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	249,289	191,661	57,628	249,289	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	0.0481	0.0481	0.0481		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	65,949	50,124	15,825	65,949	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,686,310	1,283,850	402,460	1,686,310	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	33,375	11,404	21,971	33,375	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	0	0	0	0	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		156,984	51,125	208,109	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,957	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,232,311	2.00
3.00	OPPS payments		8,017,420	3.00
4.00	Outlier payment (see instructions)		236,078	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)		8,957	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,348	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)		45,348	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		45,348	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		36,391	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)		8,957	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)		8,253,498	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,435,762	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)		6,826,693	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)		6,826,693	30.00
31.00	Primary payer payments		1,846	31.00
32.00	Subtotal (line 30 minus line 31)		6,824,847	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		269,532	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		175,196	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,474	36.00
37.00	Subtotal (see instructions)		7,000,043	37.00
38.00	MSP-LCC reconciliation amount from PS&R		25	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		15,900	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,000,018	40.00
40.01	Sequestration adjustment (see instructions)		140,000	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,787,907	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		72,111	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,825	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 9:51 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		18,572,258		6,787,907	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,572,258		6,787,907	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		72,111	6.01	
6.02	SETTLEMENT TO PROGRAM		196,438		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,375,820		6,860,018	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: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0161

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

Worksheet G

Date/Time Prepared:
5/29/2018 9:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	305,912,333	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	32,629,960	0	0	0	4.00
5.00	Other receivable	-5,108,468	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,545,613	0	0	0	7.00
8.00	Prepaid expenses	1,087,256	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)	337,066,694	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-9,620,081	0	0	0	14.00
15.00	Buildings	169,447,524	0	0	0	15.00
16.00	Accumulated depreciation	-49,425,803	0	0	0	16.00
17.00	Leasehold improvements	82,821	0	0	0	17.00
18.00	Accumulated depreciation	-15,874	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	13,243	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	95,175,975	0	0	0	23.00
24.00	Accumulated depreciation	-85,662,209	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)	131,937,819	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,375,206	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,375,206	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	470,379,719	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,445,680	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,431,282	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	200,253,189	0	0	0	40.00
41.00	Deferred income	241,985	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,152,825	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	219,524,961	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,072,883	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,072,883	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	226,597,844	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	243,781,875				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)	243,781,875	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	470,379,719	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 9:51 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		201,216,785		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		44,265,093			2.00
3.00	Total (sum of line 1 and line 2)		245,481,878		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		245,481,878		0	11.00
12.00	GOODWILL	1,700,000		0		12.00
13.00	ROUNDING	3		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)		1,700,003		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		243,781,875		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	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	GOODWILL		0			12.00
13.00	ROUNDING		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: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 9:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,861,903		65,861,903	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)	65,861,903		65,861,903	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	5,451,790		5,451,790	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	19,420,332		19,420,332	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,872,122		24,872,122	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,734,025		90,734,025	17.00
18.00	Ancillary services	261,392,830	274,081,454	535,474,284	18.00
19.00	Outpatient services	13,753,789	70,420,473	84,174,262	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	PHYSICIAN REVENUE	0	155,941	155,941	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	365,880,644	344,657,868	710,538,512	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		197,108,547		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)		197,108,547		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/29/2018 9:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	710,538,512	1.00
2.00	Less contractual allowances and discounts on patients' accounts	473,575,741	2.00
3.00	Net patient revenues (line 1 minus line 2)	236,962,771	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	197,108,547	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,854,224	5.00
OTHER INCOME			
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	4,410,869	24.00
25.00	Total other income (sum of lines 6-24)	4,410,869	25.00
26.00	Total (line 5 plus line 25)	44,265,093	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)	44,265,093	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 9:51 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,371,072	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		249,289	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)		80.19	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)		1.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.55	8.00
9.00	Sum of lines 7 and 8		23.23	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.81	10.00
11.00	Disproportionate share adjustment (see instructions)		65,949	11.00
12.00	Total prospective capital payments (see instructions)		1,686,310	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00