

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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 11:46 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2018	Time: 11:46 am
	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.		
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 WEST HOSPITAL (15-0158) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	163,014	207,967	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	163,014	207,967	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: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:42 am			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:							1.00
2.00	City: AVON	State: IN	Zip Code: 46123-7085	County: HENDRICKS					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 WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FOHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
						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
<u>Inpatient PPS Information</u>									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	485	208	9	32	4,399	17		
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:42 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	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 Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	
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	
						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)						62.01	0.00
						Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00	4.00	
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	
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		
			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
Inpatient Rehabilitation Facility PPS							
75.00	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

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			1.00	2.00	3.00
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
			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. I? 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

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		1.00	2.00				
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	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 WEST 10TH ST	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	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						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	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						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	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	
						1.00	
						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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:42 am
		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1,959	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:42 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:42 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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
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: 15-0158

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2018 11:42 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.	DIRECTOR - 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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:42 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	100	36,500	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)		100	36,500	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	11	4,015	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		127	46,355	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)		127				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:42 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	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)	9,642	249	23,007			1.00
2.00 HMO and other (see instructions)	5,542	3,808				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,642	249	23,007			7.00
8.00 INTENSIVE CARE UNIT	2,151	111	4,469			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	40	974			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		925	2,027			13.00
14.00 Total (see instructions)	11,793	1,325	30,477	0.00	742.06	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	173			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	742.06	27.00
28.00 Observation Bed Days		0	3,041			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	17	368			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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 11:42 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	2,542	76	7,792	1.00
2.00 HMO and other (see instructions)				1,148	930		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 NEONATAL INTENSIVE CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,542	76	7,792		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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 11:42 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	45,768,253	-238,847	45,529,406	1,475,278.76	30.86
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		181,611	0	181,611	2,080.00	87.31
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)		217,854	0	217,854	10,680.65	20.40
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,563,761	0	2,563,761	35,766.66	71.68
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		130,094	0	130,094	850.89	152.89
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		12,837,596	0	12,837,596	365,567.00	35.12
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)		11,466,940	0	11,466,940		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		90,912	0	90,912		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 11:42 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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	288,339	0	288,339	2,105.50	136.95	26.00
27.00	Administrative & General	5.00	2,565,210	-7,104	2,558,106	48,465.70	52.78	27.00
28.00	Administrative & General under contract (see inst.)		271,816	0	271,816	3,209.00	84.70	28.00
29.00	Maintenance & Repairs	6.00	666,276	0	666,276	26,988.06	24.69	29.00
30.00	Operation of Plant	7.00	489,810	0	489,810	24,073.53	20.35	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	966,011	-437	965,574	72,443.46	13.33	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,030,096	-724,308	305,788	19,450.12	15.72	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	723,956	723,956	45,995.00	15.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,587,646	-4,685	2,582,961	52,948.19	48.78	38.00
39.00	Central Services and Supply	14.00	283,766	0	283,766	14,510.94	19.56	39.00
40.00	Pharmacy	15.00	2,151,360	-5,395	2,145,965	53,608.22	40.03	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	233,574	-2,239	231,335	8,286.00	27.92	42.00
43.00	Other General Service	18.00	243,401	0	243,401	18,573.45	13.10	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part III Date/Time Prepared: 5/29/2018 11:42 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	45,858,458	-238,847	45,619,611	1,476,407.76	30.90	1.00
2.00	Excluded area salaries (see instructions)	217,854	0	217,854	10,680.65	20.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,640,604	-238,847	45,401,757	1,465,727.11	30.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,531,451	0	15,531,451	402,184.55	38.62	4.00
5.00	Subtotal wage-related costs (see inst.)	11,466,940	0	11,466,940	0.00	25.26	5.00
6.00	Total (sum of lines 3 thru 5)	72,638,995	-238,847	72,400,148	1,867,911.66	38.76	6.00
7.00	Total overhead cost (see instructions)	11,777,305	-20,212	11,757,093	390,657.17	30.10	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 11:42 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,971,334	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)	5,578,584	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	185,693	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,877	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)	304,832	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	235,902	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	3,254,465	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	1,981	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)	11,557,668	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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 11:42 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,563,761	11,521,703	1.00
2.00	Hospital	2,563,761	11,521,703	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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 11:42 am
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			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)		0.158899	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		6,339,675	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		124,071,547	6.00
7.00	Medicaid cost (line 1 times line 6)		19,714,845	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)		13,375,170	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)		13,375,170	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	19,490,177	1,736,003	21,226,180
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,096,970	1,736,003	4,832,973
22.00	Payments received from patients for amounts previously written off as charity care	243,323	0	243,323
23.00	Cost of charity care (line 21 minus line 22)	2,853,647	1,736,003	4,589,650
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			15,974,340
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			650,029
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,000,044
28.00	Non-Medicare bad debt expense (see instructions)			14,974,296
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,729,416
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,319,066
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,694,236

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Date/Time Prepared: 5/29/2018 11:42 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	4,086,555	4,086,555	1.00
1.01	00101	MOB	339,846	339,846	483,465	823,311	1.01
1.02	00102	INTEREST	0	0	5,728,464	5,728,464	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,555,939	3,555,939	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	288,339	293,602	581,941	7,794,761	4.00
5.01	00540	NONPATIENT TELEPHONES	0	106,245	106,245	-40,787	5.01
5.02	00550	DATA PROCESSING	0	25,577	25,577	-5,501	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	76,991	76,991	-151	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	2,565,210	49,677,649	52,242,859	-7,556,218	5.04
6.00	00600	MAINTENANCE & REPAIRS	666,276	5,784,226	6,450,502	-4,276,068	6.00
7.00	00700	OPERATION OF PLANT	489,810	1,336,843	1,826,653	550,322	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	154,596	154,596	-5,136	8.00
9.00	00900	HOUSEKEEPING	966,011	3,324,946	4,290,957	-392,631	9.00
10.00	01000	DIETARY	1,030,096	1,534,182	2,564,278	-1,891,757	10.00
11.00	01100	CAFETERIA	0	0	0	1,590,368	11.00
13.00	01300	NURSING ADMINISTRATION	2,587,646	1,213,682	3,801,328	-340,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	283,766	182,441	466,207	5,822,440	14.00
15.00	01500	PHARMACY	2,151,360	4,092,763	6,244,123	-3,598,672	15.00
17.00	01700	SOCIAL SERVICE	233,574	74,331	307,905	-54,921	17.00
18.00	01080	TRANSPORTATION	243,401	147,748	391,149	-68,321	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,731,706	7,529,042	19,260,748	-7,485,690	30.00
31.00	03100	INTENSIVE CARE UNIT	2,488,967	2,474,996	4,963,963	-702,664	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	927,738	231,040	1,158,778	-160,438	32.00
43.00	04300	NURSERY	0	0	0	449,592	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,599,528	12,949,261	15,548,789	-11,999,675	50.00
51.00	05100	RECOVERY ROOM	2,265,534	667,019	2,932,553	-484,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,915,060	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,796,959	2,842,225	6,639,184	-2,264,242	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	734,384	662,825	1,397,209	-180,922	55.00
59.00	05900	CARDIAC CATHETERIZATION	654,471	3,461,206	4,115,677	-3,145,669	59.00
60.00	06000	LABORATORY	0	5,442,187	5,442,187	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	390,167	390,167	1,132	63.00
65.00	06500	RESPIRATORY THERAPY	1,387,138	510,439	1,897,577	-405,738	65.00
66.00	06600	PHYSICAL THERAPY	1,357,815	513,018	1,870,833	-371,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,495	103,048	583,543	-67,173	67.00
68.00	06800	SPEECH PATHOLOGY	150,360	49,748	200,108	-38,753	68.00
69.00	06900	ELECTROCARDIOLOGY	735,746	872,119	1,607,865	-209,307	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,013,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,772,214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,005,916	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	225,927	118,322	344,249	-93,133	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	676,314	676,314	-19,496	90.02
91.00	09100	EMERGENCY	4,508,142	4,814,730	9,322,872	-1,568,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,550,399	112,673,374	158,223,773	340,720	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	86,154	232,126	318,280	-38,399	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	192.01
192.02	19202	MARKETING	0	535,777	535,777	7,311	192.02
192.03	19203	BACK AND NECK	131,700	431,617	563,317	-309,632	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	45,768,253	113,872,894	159,641,147	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
5/29/2018 11:42 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	-131,099	3,955,456	1.00
1.01	00101 MOB	-277,209	546,102	1.01
1.02	00102 INTEREST	0	5,728,464	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	3,555,939	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-955,467	7,421,235	4.00
5.01	00540 NONPATIENT TELEPHONES	0	65,458	5.01
5.02	00550 DATA PROCESSING	4,644,853	4,664,929	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	551,214	628,054	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	-24,969,412	19,717,229	5.04
6.00	00600 MAINTENANCE & REPAIRS	-343,932	1,830,502	6.00
7.00	00700 OPERATION OF PLANT	0	2,376,975	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	149,460	8.00
9.00	00900 HOUSEKEEPING	0	3,898,326	9.00
10.00	01000 DIETARY	0	672,521	10.00
11.00	01100 CAFETERIA	-832,896	757,472	11.00
13.00	01300 NURSING ADMINISTRATION	29,663	3,490,106	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,288,647	14.00
15.00	01500 PHARMACY	-24,703	2,620,748	15.00
17.00	01700 SOCIAL SERVICE	0	252,984	17.00
18.00	01080 TRANSPORTATION	0	322,828	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-853,885	10,921,173	30.00
31.00	03100 INTENSIVE CARE UNIT	-841,845	3,419,454	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	0	998,340	32.00
43.00	04300 NURSERY	0	449,592	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-106,375	3,442,739	50.00
51.00	05100 RECOVERY ROOM	0	2,447,732	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,915,060	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	58,551	4,433,493	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	39,322	1,255,609	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	970,008	59.00
60.00	06000 LABORATORY	0	5,442,187	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	391,299	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,491,839	65.00
66.00	06600 PHYSICAL THERAPY	2,083	1,501,602	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	516,370	67.00
68.00	06800 SPEECH PATHOLOGY	0	161,355	68.00
69.00	06900 ELECTROCARDIOLOGY	-410,588	987,970	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,013,313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,772,214	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,005,916	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	251,116	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	656,818	90.02
91.00	09100 EMERGENCY	-2,085,075	5,669,059	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-26,506,800	132,057,693	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	279,881	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	192.01
192.02	19202 MARKETING	0	543,088	192.02
192.03	19203 BACK AND NECK	0	253,685	192.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-26,506,800	133,134,347	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,676,516	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,483,374	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
			0	7,159,890	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	410,039	1.00
2.00	MOB	1.01	0	483,465	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	72,565	3.00
4.00	PHARMACY	15.00	0	2,400	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
			0	968,469	
C - INTEREST					
1.00	INTEREST	1.02	0	5,728,464	1.00
			0	5,728,464	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,794,761	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
			0	7,794,761	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,065,112	849,948	1.00
	O		2,065,112	849,948	
H - NURSERY					
1.00	NURSERY	43.00	390,789	58,803	1.00
	O		390,789	58,803	
I - DIETARY					
1.00	CAFETERIA	11.00	723,956	866,412	1.00
	O		723,956	866,412	
J - IP CARE SERVICES					
1.00	NURSING ADMINISTRATION	13.00	2,789	217	1.00
2.00	INTENSIVE CARE UNIT	31.00	56,544	4,398	2.00
	O		59,333	4,615	
K - STD					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	7,104	1.00
2.00	HOUSEKEEPING	9.00	0	437	2.00
3.00	DIETARY	10.00	0	352	3.00
4.00	NURSING ADMINISTRATION	13.00	0	7,474	4.00
5.00	PHARMACY	15.00	0	5,395	5.00
6.00	SOCIAL SERVICE	17.00	0	2,239	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	102,374	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	5,142	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	15,946	9.00
10.00	OPERATING ROOM	50.00	0	7,340	10.00
11.00	RECOVERY ROOM	51.00	0	32,040	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,310	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	4,186	13.00
14.00	RESPIRATORY THERAPY	65.00	0	6,689	14.00
15.00	PHYSICAL THERAPY	66.00	0	2,320	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,064	16.00
17.00	CARDIAC REHABILITATION	76.97	0	4,140	17.00
18.00	EMERGENCY	91.00	0	20,295	18.00
	O		0	238,847	
L - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	1,431,209	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	1,431,209	
M - MARKETING					
1.00	MARKETING	192.02	0	7,311	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
	O		0	7,311	
N - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,005,916	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
	O		0	4,005,916	
O - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	342,862	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
	O		0	342,862	
P - BILLABLE IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,505	1.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,772,214		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0		0	7,793,719		
Q - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,991,808		1.00
2.00	RECOVERY ROOM	51.00	0	546		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	0		0	2,992,354		
R - NON-BILLABLE SUPPLIES						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	589		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,255,896		2.00
3.00	BACK AND NECK	192.03	0	52		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
	0		0	6,256,537		
S - DRUG REBATES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	4,443		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,217		2.00
3.00	OPERATING ROOM	50.00	0	40,532		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,577		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	9,242		5.00
6.00	EMERGENCY	91.00	0	2,830		6.00
	TOTALS		0	59,841		
T - SUPPLY REBATES RECLASS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1		2.00
3.00	HOUSEKEEPING	9.00	0	7		3.00
4.00	DIETARY	10.00	0	76		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	9,692		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	2,432		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	5		7.00
8.00	OPERATING ROOM	50.00	0	139,932		8.00
9.00	RECOVERY ROOM	51.00	0	56		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,298		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	111,305		11.00
12.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,132		12.00
13.00	PHYSICAL THERAPY	66.00	0	24		13.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00	ELECTROCARDIOLOGY	69.00	0	15		14.00
15.00	CARDIAC REHABILITATION	76.97	0	4		15.00
16.00	SLEEP LAB	90.02	0	3		16.00
17.00	EMERGENCY	91.00	0	8,738		17.00
	TOTALS		0	275,721		
500.00	Grand Total: Increases		3,239,190	46,835,679		500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	NONPATIENT TELEPHONES	5.01	0	40,787	9		1.00
2.00	DATA PROCESSING	5.02	0	5,501	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	869,726	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	2,747,249	0		4.00
5.00	OPERATION OF PLANT	7.00	0	758,153	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	584	0		6.00
7.00	HOUSEKEEPING	9.00	0	2,451	0		7.00
8.00	DIETARY	10.00	0	12,118	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,223	0		9.00
10.00	PHARMACY	15.00	0	53,443	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	441,772	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	6,993	0		12.00
13.00	OPERATING ROOM	50.00	0	930,435	0		13.00
14.00	RECOVERY ROOM	51.00	0	2,251	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	654,853	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,084	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	300,964	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	56,619	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	18,928	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	38,641	0		20.00
21.00	SLEEP LAB	90.02	0	1,131	0		21.00
22.00	EMERGENCY	91.00	0	60,456	0		22.00
23.00	BACK AND NECK	192.03	0	53,528	0		23.00
	O			7,159,890			
B - LEASE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	607,459	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	42,272	10		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	30,355	10		3.00
4.00	OPERATING ROOM	50.00	0	1,015	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	1,323	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	25,882	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	25,882	0		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,391	0		8.00
9.00	BACK AND NECK	192.03	0	209,890	0		9.00
	O			968,469			
C - INTEREST							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,728,464	11		1.00
	O			5,728,464			
D - BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	740	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	281,021	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	113,015	0		3.00
4.00	OPERATION OF PLANT	7.00	0	122,624	0		4.00
5.00	HOUSEKEEPING	9.00	0	367,788	0		5.00
6.00	DIETARY	10.00	0	281,445	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	312,459	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	59,454	0		8.00
9.00	PHARMACY	15.00	0	290,971	0		9.00
10.00	SOCIAL SERVICE	17.00	0	54,921	0		10.00
11.00	TRANSPORTATION	18.00	0	68,321	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,180,079	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	396,698	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	116,087	0		14.00
15.00	OPERATING ROOM	50.00	0	428,898	0		15.00
16.00	RECOVERY ROOM	51.00	0	360,164	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	576,927	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	131,666	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	84,773	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	241,441	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	213,372	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	65,129	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	38,291	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	143,030	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	60,029	0		25.00
26.00	EMERGENCY	91.00	0	746,499	0		26.00
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,814	0		27.00
28.00	BACK AND NECK	192.03	0	45,105	0		28.00
	O			7,794,761			

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 11:42 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,065,112	849,948	0		1.00
	O		2,065,112	849,948			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	390,789	58,803	0		1.00
	O		390,789	58,803			
I - DIETARY							
1.00	DIETARY	10.00	723,956	866,412	0		1.00
	O		723,956	866,412			
J - IP CARE SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	59,333	4,615	0		1.00
2.00		0.00	0	0	0		2.00
	O		59,333	4,615			
K - STD							
1.00	ADMINISTRATIVE AND GENERAL	5.04	7,104	0	0		1.00
2.00	HOUSEKEEPING	9.00	437	0	0		2.00
3.00	DIETARY	10.00	352	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	7,474	0	0		4.00
5.00	PHARMACY	15.00	5,395	0	0		5.00
6.00	SOCIAL SERVICE	17.00	2,239	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	102,374	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	5,142	0	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	15,946	0	0		9.00
10.00	OPERATING ROOM	50.00	7,340	0	0		10.00
11.00	RECOVERY ROOM	51.00	32,040	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	13,310	0	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	4,186	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	6,689	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	2,320	0	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	2,064	0	0		16.00
17.00	CARDIAC REHABILITATION	76.97	4,140	0	0		17.00
18.00	EMERGENCY	91.00	20,295	0	0		18.00
	O		238,847	0			
L - UTILITIES							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,415,589	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,459	0		2.00
3.00	BACK AND NECK	192.03	0	1,161	0		3.00
	O		0	1,431,209			
M - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,648	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	262	0		2.00
3.00	CARDIAC REHABILITATION	76.97	0	207	0		3.00
4.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	194	0		4.00
	O		0	7,311			
N - BILLABLE DRUGS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	19,334	0		1.00
2.00	PHARMACY	15.00	0	3,505,860	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	109	0		3.00
4.00	OPERATING ROOM	50.00	0	40,117	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	405,821	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	34,675	0		6.00
	O		0	4,005,916			
O - NON-BILLABLE DRUGS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	27	0		1.00
2.00	HOUSEKEEPING	9.00	0	2	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	30,770	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	62,365	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	20,587	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	1,690	0		6.00
7.00	OPERATING ROOM	50.00	0	41,712	0		7.00
8.00	RECOVERY ROOM	51.00	0	1,401	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,889	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	363	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	7,003	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	44	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	544	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	797	0		14.00
15.00	CARDIAC REHABILITATION	76.97	0	26	0		15.00
16.00	EMERGENCY	91.00	0	154,642	0		16.00
	O		0	342,862			

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 11:42 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
P - BILLABLE IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,092	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	254	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	23	0	3.00
4.00	OPERATING ROOM	50.00	0	6,449,144	0	4.00
5.00	RECOVERY ROOM	51.00	0	287	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,329,845	0	6.00
7.00	EMERGENCY	91.00	0	74	0	7.00
0			0	7,793,719		
Q - BILLABLE SUPPLIES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	191	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	507	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	102,961	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	10,435	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	1,190	0	6.00
7.00	OPERATING ROOM	50.00	0	1,522,799	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	128,273	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,188,556	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,342	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	9,852	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	129	0	12.00
13.00	EMERGENCY	91.00	0	26,117	0	13.00
0			0	2,992,354		
R - NON-BILLABLE SUPPLIES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	43,349	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	216	0	2.00
3.00	OPERATION OF PLANT	7.00	0	110	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4,552	0	4.00
5.00	HOUSEKEEPING	9.00	0	22,397	0	5.00
6.00	DIETARY	10.00	0	7,902	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	398	0	7.00
8.00	PHARMACY	15.00	0	33,819	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,241,413	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	302,187	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	41,453	0	11.00
12.00	OPERATING ROOM	50.00	0	2,766,019	0	12.00
13.00	RECOVERY ROOM	51.00	0	121,320	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	481,354	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,809	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	320,400	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	104,969	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	102,760	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	2,044	0	19.00
20.00	SPEECH PATHOLOGY	68.00	0	462	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	26,725	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	6,993	0	22.00
23.00	SLEEP LAB	90.02	0	18,368	0	23.00
24.00	EMERGENCY	91.00	0	592,518	0	24.00
0			0	6,256,537		
S - DRUG REBATES RECLASS						
1.00	PHARMACY	15.00	0	59,841	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
TOTALS			0	59,841		
T - SUPPLY REBATES RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	275,721	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 11:42 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
16.00	0.00	0	0	0			16.00
17.00	0.00	0	0	0			17.00
TOTALS		0	275,721				
500.00	Grand Total: Decreases		3,478,037	46,596,832			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 11:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	2.00
3.00	Buildings and Fixtures	74,901,135	0	0	0	3.00
4.00	Building Improvements	27,446,148	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	68,047,676	4,120,869	0	4,120,869	1,291,896
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	177,195,662	4,120,869	0	4,120,869	1,291,896
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	177,195,662	4,120,869	0	4,120,869	1,291,896
	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	6,800,703	0			2.00
3.00	Buildings and Fixtures	74,901,135	0			3.00
4.00	Building Improvements	27,446,148	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	70,876,649	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	180,024,635	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	180,024,635	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 11:42 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	MOB	0	276,912	0	0	0	1.01
1.02	INTEREST	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	276,912	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	MOB	62,934	339,846				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	62,934	339,846				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 11:42 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	109,147,986	0	109,147,986	0.606295	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	70,876,649	0	70,876,649	0.393705	0	2.00
3.00	Total (sum of lines 1-2)	180,024,635	0	180,024,635	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	4,048,285	-92,829	1.00
1.01	MOB	0	0	0	0	483,168	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,483,374	72,565	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,531,659	462,904	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	3,955,456	1.00
1.01	MOB	0	0	0	62,934	546,102	1.01
1.02	INTEREST	5,728,464	0	0	0	5,728,464	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,555,939	2.00
3.00	Total (sum of lines 1-2)	5,728,464	0	0	62,934	13,785,961	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - MOB (chapter 2)			OMOB	1.01		0	1.01
1.02 Investment income - INTEREST (chapter 2)			OINTEREST	1.02		0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-502,868	ONEW CAP REL COSTS-BLDG & FIXT	1.00		10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-12,165,598				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,193,623				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-832,896	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employees and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			O*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - MOB			OMOB	1.01		0	26.01
26.02 Depreciation - INTEREST			OINTEREST	1.02		0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			O*** Cost Center Deleted ***	19.00			28.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
29.00	Physicians' assistant	0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	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)	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0			0.00	0	32.00
33.00	MISCELLANEOUS INCOME	-910,075	ADMINISTRATIVE AND GENERAL		5.04	0	33.00
33.01	MISCELLANEOUS INCOME	-343,932	MAINTENANCE & REPAIRS		6.00	0	33.01
33.02	MISCELLANEOUS INCOME	-24,703	PHARMACY		15.00	0	33.02
33.03	MISCELLANEOUS INCOME	-1,530	ADULTS & PEDIATRICS		30.00	0	33.03
33.04	MOB RENT EXPENSE	-277,209	MOB		1.01	10	33.04
33.05	CONTRIBUTION EXPENSE	-20,000	ADMINISTRATIVE AND GENERAL		5.04	0	33.05
33.06	HAF FEES	-8,455,234	ADMINISTRATIVE AND GENERAL		5.04	0	33.06
33.07	ACCRUED PTO TO HO	-247,972	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.07
33.08	ACCRUED PTO TO HO	-104,401	ADMINISTRATIVE AND GENERAL		5.04	0	33.08
33.09	BENEFITS TO HO	-7,814,005	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-26,506,800					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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2018 11:42 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	INTERCOMPANY/HO CR ALLOCATIO	781,808	410,039	1.00
2.00	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	5,733,762	5,733,762	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO CR ALLOCATIO	7,119,300	12,790	3.00
4.00	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	4,644,853	0	4.00
4.01	5.03	PURCHASING RECEIVING AND STO	INTERCOMPANY/HO CR ALLOCATIO	551,214	0	4.01
4.02	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY/HO CR ALLOCATIO	22,892,200	30,289,598	4.02
4.03	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	642,865	613,202	4.03
4.04	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	833,515	833,515	4.04
4.05	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	975,470	975,470	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	-136,413	-23,425	4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	262,792	262,792	4.07
4.08	60.00	LABORATORY	INTERCOMPANY	5,442,187	5,442,187	4.08
4.09	65.00	RESPIRATORY THERAPY	INTERCOMPANY	400	400	4.09
4.10	66.00	PHYSICAL THERAPY	INTERCOMPANY	12,561	12,561	4.10
4.11	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	573,581	573,581	4.11
4.12	90.02	SLEEP LAB	INTERCOMPANY	642,460	642,460	4.12
4.13	91.00	EMERGENCY	INTERCOMPANY	2,085,075	2,085,075	4.13
4.14	192.02	MARKETING	INTERCOMPANY	156,857	156,857	4.14
4.15	192.03	BACK AND NECK	INTERCOMPANY	49,789	49,789	4.15
5.00	0			53,264,276	48,070,653	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	IU HEALTH	100.00	IU HEALTH-HO	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:	FINANCIAL				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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 11:42 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	371,769	9		1.00
2.00	0	11		2.00
3.00	7,106,510	0		3.00
4.00	4,644,853	0		4.00
4.01	551,214	0		4.01
4.02	-7,397,398	0		4.02
4.03	29,663	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	-112,988	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
5.00	5,193,623			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: 15-0158

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

Worksheet A-8-2
Date/Time Prepared:
5/29/2018 11:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	8,082,304	8,082,304	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	852,355	852,355	0	237,100	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	841,845	841,845	0	197,500	0	3.00
4.00	50.00	OPERATING ROOM	106,375	106,375	0	239,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	-171,539	-171,539	0	271,900	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	-39,322	-39,322	0	271,900	0	6.00
7.00	66.00	PHYSICAL THERAPY	-2,083	-2,083	0	197,500	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	410,588	410,588	0	197,500	0	8.00
9.00	91.00	EMERGENCY	2,085,075	2,085,075	0	197,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			12,165,598	12,165,598	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	8,082,304		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	852,355		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	841,845		3.00
4.00	50.00	OPERATING ROOM	0	0	0	106,375		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-171,539		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	-39,322		6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	-2,083		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	410,588		8.00
9.00	91.00	EMERGENCY	0	0	0	2,085,075		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	12,165,598		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	3,955,456	3,955,456				1.00	
1.01 00101 MOB	546,102	229,113	775,215			1.01	
1.02 00102 INTEREST	5,728,464	0	0	5,728,464		1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,555,939				3,555,939	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,421,235	0	69,357	0	0	4.00	
5.01 00540 NONPATIENT TELEPHONES	65,458	7,365	0	11,321	45,424	5.01	
5.02 00550 DATA PROCESSING	4,664,929	49,372	0	75,899	6,126	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	628,054	53,859	0	82,797	0	5.03	
5.04 00590 ADMINISTRATIVE AND GENERAL	19,717,229	177,548	90,075	272,943	73,759	5.04	
6.00 00600 MAINTENANCE & REPAIRS	1,830,502	773,089	0	1,188,461	420,156	6.00	
7.00 00700 OPERATION OF PLANT	2,376,975	46,444	0	71,397	95,337	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	149,460	12,676	0	19,486	650	8.00	
9.00 00900 HOUSEKEEPING	3,898,326	53,048	9,219	81,550	4,222	9.00	
10.00 01000 DIETARY	672,521	48,117	9,531	73,969	9,982	10.00	
11.00 01100 CAFETERIA	757,472	113,790	0	174,927	0	11.00	
13.00 01300 NURSING ADMINISTRATION	3,490,106	19,635	0	30,184	598	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	6,288,647	90,352	0	138,897	77,094	14.00	
15.00 01500 PHARMACY	2,620,748	31,169	0	47,916	93,831	15.00	
17.00 01700 SOCIAL SERVICE	252,984	0	0	0	0	17.00	
18.00 01080 TRANSPORTATION	322,828	0	0	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	10,921,173	791,125	0	1,216,193	325,275	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,419,454	130,090	0	199,986	19,925	31.00	
32.00 02060 NEONATAL INTENSIVE CARE UNIT	998,340	38,331	0	58,926	0	32.00	
43.00 04300 NURSERY	449,592	35,682	0	54,854	14,485	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,442,739	367,011	0	564,202	851,878	50.00	
51.00 05100 RECOVERY ROOM	2,447,732	31,981	0	49,164	2,507	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,915,060	186,218	0	286,271	75,993	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,433,493	230,596	0	354,492	834,939	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,255,609	124,196	0	190,925	37,169	55.00	
59.00 05900 CARDIAC CATHETERIZATION	970,008	31,664	0	48,676	318,977	59.00	
60.00 06000 LABORATORY	5,442,187	46,482	0	71,456	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	391,299	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	1,491,839	27,912	0	42,909	39,465	65.00	
66.00 06600 PHYSICAL THERAPY	1,501,602	1,521	61,554	2,338	10,178	66.00	
67.00 06700 OCCUPATIONAL THERAPY	516,370	1,521	61,554	2,338	0	67.00	
68.00 06800 SPEECH PATHOLOGY	161,355	1,521	61,554	2,338	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	987,970	4,424	0	6,801	113,488	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,013,313	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,772,214	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	4,005,916	0	0	0	0	73.00	
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	251,116	0	37,523	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 SLEEP LAB	656,818	1,990	70,557	3,059	742	90.02	
91.00 09100 EMERGENCY	5,669,059	197,614	0	303,789	67,089	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	132,057,693	3,955,456	470,924	5,728,464	3,539,289	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	279,881	0	34,714	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RETAIL PHARMACY	0	0	23,119	0	0	192.01	
192.02 19202 MARKETING	543,088	0	15,004	0	0	192.02	
192.03 19203 BACK AND NECK	253,685	0	231,454	0	16,650	192.03	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	133,134,347	3,955,456	775,215	5,728,464	3,555,939	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B Part I Date/Time Prepared: 5/29/2018 11:42 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,490,592				4.00
5.01	00540	NONPATIENT TELEPHONES	0	129,568			5.01
5.02	00550	DATA PROCESSING	0	0	4,796,326		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	764,710	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	423,548	4,074	150,805	1,895	20,911,876
6.00	00600	MAINTENANCE & REPAIRS	110,316	2,269	84,011	9	4,408,813
7.00	00700	OPERATION OF PLANT	81,098	2,023	74,885	5	2,748,164
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,495	183,767
9.00	00900	HOUSEKEEPING	159,871	6,090	225,432	979	4,438,737
10.00	01000	DIETARY	50,630	1,635	60,516	103	927,004
11.00	01100	CAFETERIA	119,866	3,866	143,103	243	1,313,267
13.00	01300	NURSING ADMINISTRATION	427,663	4,452	164,786	17	4,137,441
14.00	01400	CENTRAL SERVICES & SUPPLY	46,983	1,220	45,177	229	6,688,599
15.00	01500	PHARMACY	355,310	4,506	166,792	1,479	3,321,751
17.00	01700	SOCIAL SERVICE	38,302	696	25,760	0	317,742
18.00	01080	TRANSPORTATION	40,300	1,561	57,798	0	422,487
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,509,016	26,922	996,547	41,984	15,828,235
31.00	03100	INTENSIVE CARE UNIT	420,611	6,044	223,749	13,213	4,433,072
32.00	02060	NEONATAL INTENSIVE CARE UNIT	150,966	1,820	67,377	1,813	1,317,573
43.00	04300	NURSERY	64,703	990	36,633	1,983	658,922
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	429,191	6,833	252,939	121,825	6,036,618
51.00	05100	RECOVERY ROOM	369,802	5,327	197,212	5,304	3,109,029
52.00	05200	DELIVERY ROOM & LABOR ROOM	341,923	5,231	193,652	10,335	4,014,683
54.00	05400	RADIOLOGY-DIAGNOSTIC	626,463	10,569	391,253	21,047	6,902,852
55.00	05500	RADIOLOGY-THERAPEUTIC	121,593	1,630	60,322	648	1,792,092
59.00	05900	CARDIAC CATHETERIZATION	107,668	1,533	56,762	14,013	1,549,301
60.00	06000	LABORATORY	0	5,735	212,293	0	5,778,153
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	17,110	408,409
65.00	06500	RESPIRATORY THERAPY	228,562	3,514	130,094	4,590	1,968,885
66.00	06600	PHYSICAL THERAPY	224,431	3,285	121,615	4,493	1,931,017
67.00	06700	OCCUPATIONAL THERAPY	79,556	1,011	37,410	89	699,849
68.00	06800	SPEECH PATHOLOGY	24,895	306	11,327	20	263,316
69.00	06900	ELECTROCARDIOLOGY	121,476	1,878	69,513	1,169	1,306,719
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	131,757	3,145,070
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	339,846	8,112,060
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,005,916
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	36,721	699	25,889	306	352,254
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	803	733,969
91.00	09100	EMERGENCY	743,057	12,952	479,471	25,908	7,498,939
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,454,521	128,671	4,763,123	764,710	131,666,581
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,265	428	15,857	0	345,145
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	23,119
192.02	19202	MARKETING	0	0	0	0	558,092
192.03	19203	BACK AND NECK	21,806	469	17,346	0	541,410
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,490,592	129,568	4,796,326	764,710	133,134,347

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 11:42 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	20,911,876				5.04
6.00	00600	MAINTENANCE & REPAIRS	821,551	5,230,364			6.00
7.00	00700	OPERATION OF PLANT	512,101	91,147	3,351,412		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,244	24,876	16,223	259,110	8.00
9.00	00900	HOUSEKEEPING	827,128	104,108	67,891	0	5,437,864
10.00	01000	DIETARY	172,741	94,431	61,581	0	102,491
11.00	01100	CAFETERIA	244,718	223,316	145,630	0	242,376
13.00	01300	NURSING ADMINISTRATION	770,983	38,534	25,129	0	41,822
14.00	01400	CENTRAL SERVICES & SUPPLY	1,246,374	177,319	115,634	0	192,453
15.00	01500	PHARMACY	618,985	61,171	39,891	0	66,392
17.00	01700	SOCIAL SERVICE	59,209	0	0	0	0
18.00	01080	TRANSPORTATION	78,727	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,949,483	1,552,611	1,012,496	139,369	1,685,129
31.00	03100	INTENSIVE CARE UNIT	826,072	255,307	166,492	0	277,097
32.00	02060	NEONATAL INTENSIVE CARE UNIT	245,521	75,226	49,057	443	81,647
43.00	04300	NURSERY	122,786	70,027	45,666	0	76,004
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,124,882	720,271	469,707	21,795	781,748
51.00	05100	RECOVERY ROOM	579,346	62,763	40,929	0	68,120
52.00	05200	DELIVERY ROOM & LABOR ROOM	748,108	365,459	238,325	0	396,652
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,286,298	452,552	295,120	33,559	491,178
55.00	05500	RADIOLOGY-THERAPEUTIC	333,944	243,739	158,948	3,173	264,543
59.00	05900	CARDIAC CATHETERIZATION	288,701	62,141	40,524	0	67,445
60.00	06000	LABORATORY	1,076,718	91,222	59,488	0	99,008
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	76,104	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	366,888	54,778	35,722	0	59,453
66.00	06600	PHYSICAL THERAPY	359,832	2,985	1,947	0	3,240
67.00	06700	OCCUPATIONAL THERAPY	130,412	2,985	1,947	0	3,240
68.00	06800	SPEECH PATHOLOGY	49,067	2,985	1,947	0	3,240
69.00	06900	ELECTROCARDIOLOGY	243,498	8,682	5,662	0	9,423
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	586,062	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,511,626	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	746,474	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	65,640	0	0	15	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	136,770	3,906	2,547	2,003	4,239
91.00	09100	EMERGENCY	1,397,375	387,823	252,909	58,753	420,924
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,638,368	5,230,364	3,351,412	259,110	5,437,864
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,315	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	4,308	0	0	0	0
192.02	19202	MARKETING	103,997	0	0	0	0
192.03	19203	BACK AND NECK	100,888	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	20,911,876	5,230,364	3,351,412	259,110	5,437,864

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						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	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,358,248					10.00
11.00	01100	0	2,169,307				11.00
13.00	01300	0	88,100	5,102,009			13.00
14.00	01400	0	24,153	0	8,444,532		14.00
15.00	01500	0	89,172	13,267	16,436	4,227,065	15.00
17.00	01700	0	13,772	0	0	0	17.00
18.00	01080	0	30,901	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,025,337	532,785	2,147,892	466,662	61,052	30.00
31.00	03100	199,167	119,623	480,673	146,867	20,154	31.00
32.00	02060	43,408	36,022	174,002	20,147	1,654	32.00
43.00	04300	90,336	19,585	76,881	22,040	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	135,229	336,777	1,354,111	40,834	50.00
51.00	05100	0	105,436	463,154	58,954	1,372	51.00
52.00	05200	0	103,533	399,711	114,877	0	52.00
54.00	05400	0	209,176	96,101	233,944	20,449	54.00
55.00	05500	0	32,250	34,188	7,197	355	55.00
59.00	05900	0	30,347	55,959	155,758	6,856	59.00
60.00	06000	0	113,498	0	0	0	60.00
63.00	06300	0	0	0	190,177	0	63.00
65.00	06500	0	69,552	0	51,016	0	65.00
66.00	06600	0	65,019	0	49,943	43	66.00
67.00	06700	0	20,001	0	993	533	67.00
68.00	06800	0	6,056	0	225	0	68.00
69.00	06900	0	37,164	36,739	12,989	780	69.00
71.00	07100	0	0	0	1,464,509	0	71.00
72.00	07200	0	0	0	3,777,390	0	72.00
73.00	07300	0	0	0	0	3,921,572	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	13,841	0	3,399	25	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	0	8,927	0	90.02
91.00	09100	0	256,340	786,665	287,971	151,386	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		1,358,248	2,151,555	5,102,009	8,444,532	4,227,065	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	8,478	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	9,274	0	0	0	192.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,358,248	2,169,307	5,102,009	8,444,532	4,227,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					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 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
17.00 01700	SOCIAL SERVICE	390,723				17.00
18.00 01080	TRANSPORTATION	0	532,115			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	294,955	38,339	27,734,345	0	27,734,345
31.00 03100	INTENSIVE CARE UNIT	57,294	10,481	6,992,299	0	6,992,299
32.00 02060	NEONATAL INTENSIVE CARE UNIT	12,487	2,932	2,060,119	0	2,060,119
43.00 04300	NURSERY	25,987	2,224	1,210,458	0	1,210,458
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	72,721	11,094,693	0	11,094,693
51.00 05100	RECOVERY ROOM	0	16,133	4,505,236	0	4,505,236
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	13,490	6,394,838	0	6,394,838
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	61,215	10,082,444	0	10,082,444
55.00 05500	RADIOLOGY-THERAPEUTIC	0	25,231	2,895,660	0	2,895,660
59.00 05900	CARDIAC CATHETERIZATION	0	28,391	2,285,423	0	2,285,423
60.00 06000	LABORATORY	0	35,789	7,253,876	0	7,253,876
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,212	675,902	0	675,902
65.00 06500	RESPIRATORY THERAPY	0	6,303	2,612,597	0	2,612,597
66.00 06600	PHYSICAL THERAPY	0	4,720	2,418,746	0	2,418,746
67.00 06700	OCCUPATIONAL THERAPY	0	1,426	861,386	0	861,386
68.00 06800	SPEECH PATHOLOGY	0	718	327,554	0	327,554
69.00 06900	ELECTROCARDIOLOGY	0	17,278	1,678,934	0	1,678,934
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,161	5,204,802	0	5,204,802
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	38,271	13,439,347	0	13,439,347
73.00 07300	DRUGS CHARGED TO PATIENTS	0	35,223	8,709,185	0	8,709,185
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	2,098	437,272	0	437,272
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	0	6,050	898,411	0	898,411
91.00 09100	EMERGENCY	0	102,709	11,601,794	0	11,601,794
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	390,723	532,115	131,375,321	0	131,375,321
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	417,938	0	417,938
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	RETAIL PHARMACY	0	0	27,427	0	27,427
192.02 19202	MARKETING	0	0	662,089	0	662,089
192.03 19203	BACK AND NECK	0	0	651,572	0	651,572
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	390,723	532,115	133,134,347	0	133,134,347

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	MOB	INTEREST		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	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	69,357	0	0	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	7,365	0	11,321	45,424	5.01
5.02	00550	DATA PROCESSING	0	49,372	0	75,899	6,126	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	53,859	0	82,797	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	0	177,548	90,075	272,943	73,759	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	773,089	0	1,188,461	420,156	6.00
7.00	00700	OPERATION OF PLANT	0	46,444	0	71,397	95,337	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,676	0	19,486	650	8.00
9.00	00900	HOUSEKEEPING	0	53,048	9,219	81,550	4,222	9.00
10.00	01000	DIETARY	0	48,117	9,531	73,969	9,982	10.00
11.00	01100	CAFETERIA	0	113,790	0	174,927	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,635	0	30,184	598	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,352	0	138,897	77,094	14.00
15.00	01500	PHARMACY	0	31,169	0	47,916	93,831	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	791,125	0	1,216,193	325,275	30.00
31.00	03100	INTENSIVE CARE UNIT	0	130,090	0	199,986	19,925	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	38,331	0	58,926	0	32.00
43.00	04300	NURSERY	0	35,682	0	54,854	14,485	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	367,011	0	564,202	851,878	50.00
51.00	05100	RECOVERY ROOM	0	31,981	0	49,164	2,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	186,218	0	286,271	75,993	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	230,596	0	354,492	834,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	124,196	0	190,925	37,169	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,664	0	48,676	318,977	59.00
60.00	06000	LABORATORY	0	46,482	0	71,456	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,912	0	42,909	39,465	65.00
66.00	06600	PHYSICAL THERAPY	0	1,521	61,554	2,338	10,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,521	61,554	2,338	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,521	61,554	2,338	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,424	0	6,801	113,488	69.00
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
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	37,523	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	1,990	70,557	3,059	742	90.02
91.00	09100	EMERGENCY	0	197,614	0	303,789	67,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,726,343	470,924	5,728,464	3,539,289	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,714	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	23,119	0	0	192.01
192.02	19202	MARKETING	0	0	15,004	0	0	192.02
192.03	19203	BACK AND NECK	0	0	231,454	0	16,650	192.03
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)	0	3,726,343	775,215	5,728,464	3,555,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
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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	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	69,357	69,357			4.00
5.01	00540	NONPATIENT TELEPHONES	64,110	0	64,110		5.01
5.02	00550	DATA PROCESSING	131,397	0	0	131,397	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	136,656	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	614,325	3,922	2,016	4,131	339
6.00	00600	MAINTENANCE & REPAIRS	2,381,706	1,021	1,123	2,302	2
7.00	00700	OPERATION OF PLANT	213,178	751	1,001	2,051	1
8.00	00800	LAUNDRY & LINEN SERVICE	32,812	0	0	0	267
9.00	00900	HOUSEKEEPING	148,039	1,480	3,013	6,176	175
10.00	01000	DIETARY	141,599	469	809	1,658	18
11.00	01100	CAFETERIA	288,717	1,110	1,913	3,920	43
13.00	01300	NURSING ADMINISTRATION	50,417	3,960	2,203	4,514	3
14.00	01400	CENTRAL SERVICES & SUPPLY	306,343	435	604	1,238	41
15.00	01500	PHARMACY	172,916	3,290	2,229	4,569	264
17.00	01700	SOCIAL SERVICE	0	355	344	706	0
18.00	01080	TRANSPORTATION	0	373	773	1,583	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,332,593	13,972	13,318	27,301	7,503
31.00	03100	INTENSIVE CARE UNIT	350,001	3,894	2,991	6,130	2,361
32.00	02060	NEONATAL INTENSIVE CARE UNIT	97,257	1,398	901	1,846	324
43.00	04300	NURSERY	105,021	599	490	1,004	354
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,783,091	3,974	3,381	6,929	21,771
51.00	05100	RECOVERY ROOM	83,652	3,424	2,636	5,403	948
52.00	05200	DELIVERY ROOM & LABOR ROOM	548,482	3,166	2,588	5,305	1,847
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,420,027	5,800	5,230	10,719	3,761
55.00	05500	RADIOLOGY-THERAPEUTIC	352,290	1,126	806	1,653	116
59.00	05900	CARDIAC CATHETERIZATION	399,317	997	759	1,555	2,504
60.00	06000	LABORATORY	117,938	0	2,838	5,816	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,058
65.00	06500	RESPIRATORY THERAPY	110,286	2,116	1,739	3,564	820
66.00	06600	PHYSICAL THERAPY	75,591	2,078	1,626	3,332	803
67.00	06700	OCCUPATIONAL THERAPY	65,413	737	500	1,025	16
68.00	06800	SPEECH PATHOLOGY	65,413	231	151	310	4
69.00	06900	ELECTROCARDIOLOGY	124,713	1,125	929	1,904	209
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23,546
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	60,729
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	37,523	340	346	709	55
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	76,348	0	0	0	144
91.00	09100	EMERGENCY	568,492	6,880	6,409	13,135	4,630
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,465,020	69,023	63,666	130,488	136,656
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,714	132	212	434	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	23,119	0	0	0	0
192.02	19202	MARKETING	15,004	0	0	0	0
192.03	19203	BACK AND NECK	248,104	202	232	475	0
200.00		Cross Foot Adjustments	0				
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	13,785,961	69,357	64,110	131,397	136,656

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:42 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL	624,733				5.04
6.00	00600	MAINTENANCE & REPAIRS	24,544	2,410,698			6.00
7.00	00700	OPERATION OF PLANT	15,299	42,010	274,291		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,023	11,466	1,328	46,896	8.00
9.00	00900	HOUSEKEEPING	24,710	47,984	5,556	0	237,133
10.00	01000	DIETARY	5,161	43,524	5,040	0	4,469
11.00	01100	CAFETERIA	7,311	102,927	11,919	0	10,569
13.00	01300	NURSING ADMINISTRATION	23,033	17,760	2,057	0	1,824
14.00	01400	CENTRAL SERVICES & SUPPLY	37,235	81,727	9,464	0	8,392
15.00	01500	PHARMACY	18,492	28,194	3,265	0	2,895
17.00	01700	SOCIAL SERVICE	1,769	0	0	0	0
18.00	01080	TRANSPORTATION	2,352	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,104	715,605	82,867	25,223	73,486
31.00	03100	INTENSIVE CARE UNIT	24,679	117,672	13,626	0	12,084
32.00	02060	NEONATAL INTENSIVE CARE UNIT	7,335	34,672	4,015	80	3,560
43.00	04300	NURSERY	3,668	32,276	3,737	0	3,314
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,606	331,976	38,442	3,945	34,090
51.00	05100	RECOVERY ROOM	17,308	28,928	3,350	0	2,971
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,350	168,442	19,505	0	17,297
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,428	208,583	24,154	6,074	21,419
55.00	05500	RADIOLOGY-THERAPEUTIC	9,977	112,340	13,009	574	11,536
59.00	05900	CARDIAC CATHETERIZATION	8,625	28,641	3,317	0	2,941
60.00	06000	LABORATORY	32,167	42,045	4,869	0	4,318
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,274	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,961	25,247	2,924	0	2,593
66.00	06600	PHYSICAL THERAPY	10,750	1,376	159	0	141
67.00	06700	OCCUPATIONAL THERAPY	3,896	1,376	159	0	141
68.00	06800	SPEECH PATHOLOGY	1,466	1,376	159	0	141
69.00	06900	ELECTROCARDIOLOGY	7,275	4,002	463	0	411
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,509	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,160	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	22,301	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,961	0	0	3	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	4,086	1,800	208	363	185
91.00	09100	EMERGENCY	41,747	178,749	20,699	10,634	18,356
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	616,562	2,410,698	274,291	46,896	237,133
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,921	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	129	0	0	0	0
192.02	19202	MARKETING	3,107	0	0	0	0
192.03	19203	BACK AND NECK	3,014	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	624,733	2,410,698	274,291	46,896	237,133

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:42 am		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					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	00590	ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	202,747				10.00	
11.00	01100	CAFETERIA	0	428,429			11.00	
13.00	01300	NURSING ADMINISTRATION	0	17,399	123,170		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,770	0	450,249	14.00	
15.00	01500	PHARMACY	0	17,611	320	876	15.00	
17.00	01700	SOCIAL SERVICE	0	2,720	0	0	17.00	
18.00	01080	TRANSPORTATION	0	6,103	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	153,053	105,225	51,854	24,881	3,682	30.00
31.00	03100	INTENSIVE CARE UNIT	29,730	23,625	11,604	7,831	1,215	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	6,479	7,114	4,201	1,074	100	32.00
43.00	04300	NURSERY	13,485	3,868	1,856	1,175	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,707	8,130	72,198	2,463	50.00
51.00	05100	RECOVERY ROOM	0	20,823	11,181	3,143	83	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,447	9,650	6,125	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,311	2,320	12,473	1,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,369	825	384	21	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,993	1,351	8,305	413	59.00
60.00	06000	LABORATORY	0	22,415	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	10,140	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,736	0	2,720	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,841	0	2,663	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,950	0	53	32	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,196	0	12	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,340	887	693	47	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	78,084	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	201,408	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	236,497	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,734	0	181	2	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	476	0	90.02
91.00	09100	EMERGENCY	0	50,626	18,991	15,354	9,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,747	424,923	123,170	450,249	254,921	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,674	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	1,832	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	202,747	428,429	123,170	450,249	254,921	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		TRANSPORTATION					
	17.00	18.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 MOB						1.01	
1.02 00102 INTEREST						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 00590 ADMINISTRATIVE AND GENERAL						5.04	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
17.00 01700 SOCIAL SERVICE	5,894					17.00	
18.00 01080 TRANSPORTATION	0	11,184				18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	4,450	833	3,723,950	0	3,723,950	30.00	
31.00 03100 INTENSIVE CARE UNIT	864	228	608,535	0	608,535	31.00	
32.00 02060 NEONATAL INTENSIVE CARE UNIT	188	64	170,608	0	170,608	32.00	
43.00 04300 NURSERY	392	48	171,287	0	171,287	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	1,581	2,372,284	0	2,372,284	50.00	
51.00 05100 RECOVERY ROOM	0	351	184,201	0	184,201	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	293	825,497	0	825,497	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,331	1,802,863	0	1,802,863	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	549	511,575	0	511,575	55.00	
59.00 05900 CARDIAC CATHETERIZATION	0	617	465,335	0	465,335	59.00	
60.00 06000 LABORATORY	0	778	233,184	0	233,184	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	26	15,498	0	15,498	63.00	
65.00 06500 RESPIRATORY THERAPY	0	137	176,843	0	176,843	65.00	
66.00 06600 PHYSICAL THERAPY	0	103	111,466	0	111,466	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	31	77,329	0	77,329	67.00	
68.00 06800 SPEECH PATHOLOGY	0	16	70,475	0	70,475	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	376	150,374	0	150,374	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	199	119,338	0	119,338	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	832	308,129	0	308,129	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	766	259,564	0	259,564	73.00	
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	46	43,900	0	43,900	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 SLEEP LAB	0	132	83,742	0	83,742	90.02	
91.00 09100 EMERGENCY	0	1,847	965,679	0	965,679	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,894	11,184	13,451,656	0	13,451,656	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,087	0	39,087	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RETAIL PHARMACY	0	0	23,248	0	23,248	192.01	
192.02 19202 MARKETING	0	0	18,111	0	18,111	192.02	
192.03 19203 BACK AND NECK	0	0	253,859	0	253,859	192.03	
200.00	Cross Foot Adjustments		0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	5,894	11,184	13,785,961	0	13,785,961	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	312,051				1.00
1.01	00101	MOB	18,075	32,291			1.01
1.02	00102	INTEREST	0	0	293,976		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				3,192,906	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,889	0	0	45,241,067
5.01	00540	NONPATIENT TELEPHONES	581	0	581	40,787	0
5.02	00550	DATA PROCESSING	3,895	0	3,895	5,501	0
5.03	00560	PURCHASING RECEIVING AND STORES	4,249	0	4,249	0	0
5.04	00590	ADMINISTRATIVE AND GENERAL	14,007	3,752	14,007	66,229	2,558,106
6.00	00600	MAINTENANCE & REPAIRS	60,990	0	60,990	377,261	666,276
7.00	00700	OPERATION OF PLANT	3,664	0	3,664	85,604	489,810
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	584	0
9.00	00900	HOUSEKEEPING	4,185	384	4,185	3,791	965,574
10.00	01000	DIETARY	3,796	397	3,796	8,963	305,788
11.00	01100	CAFETERIA	8,977	0	8,977	0	723,956
13.00	01300	NURSING ADMINISTRATION	1,549	0	1,549	537	2,582,961
14.00	01400	CENTRAL SERVICES & SUPPLY	7,128	0	7,128	69,223	283,766
15.00	01500	PHARMACY	2,459	0	2,459	84,252	2,145,965
17.00	01700	SOCIAL SERVICE	0	0	0	0	231,335
18.00	01080	TRANSPORTATION	0	0	0	0	243,401
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,413	0	62,413	292,067	9,114,098
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	17,891	2,540,369
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,024	0	3,024	0	911,792
43.00	04300	NURSERY	2,815	0	2,815	13,006	390,789
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,954	0	28,954	764,907	2,592,188
51.00	05100	RECOVERY ROOM	2,523	0	2,523	2,251	2,233,494
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,691	0	14,691	68,235	2,065,112
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,192	0	18,192	749,698	3,783,649
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	33,374	734,384
59.00	05900	CARDIAC CATHETERIZATION	2,498	0	2,498	286,412	650,285
60.00	06000	LABORATORY	3,667	0	3,667	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,202	0	2,202	35,436	1,380,449
66.00	06600	PHYSICAL THERAPY	120	2,564	120	9,139	1,355,495
67.00	06700	OCCUPATIONAL THERAPY	120	2,564	120	0	480,495
68.00	06800	SPEECH PATHOLOGY	120	2,564	120	0	150,360
69.00	06900	ELECTROCARDIOLOGY	349	0	349	101,902	733,682
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,563	0	0	221,787
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	157	2,939	157	666	0
91.00	09100	EMERGENCY	15,590	0	15,590	60,240	4,487,847
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	312,051	19,616	293,976	3,177,956	45,023,213
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,446	0	0	86,154
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	963	0	0	0
192.02	19202	MARKETING	0	625	0	0	0
192.03	19203	BACK AND NECK	0	9,641	0	14,950	131,700
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	3,955,456	775,215	5,728,464	3,555,939	7,490,592
203.00		Unit cost multiplier (Wkst. B, Part I)	12.675672	24.007154	19.486162	1.113700	0.165571
204.00		Cost to be allocated (per Wkst. B, Part II)					69,357
205.00		Unit cost multiplier (Wkst. B, Part II)					0.001533

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE 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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
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	74,105					5.01
5.02	00550	0	74,105				5.02
5.03	00560	0	0	17,488,925			5.03
5.04	00590	2,330	2,330	43,349	-20,911,876	112,222,471	5.04
6.00	00600	1,298	1,298	216	0	4,408,813	6.00
7.00	00700	1,157	1,157	110	0	2,748,164	7.00
8.00	00800	0	0	34,189	0	183,767	8.00
9.00	00900	3,483	3,483	22,397	0	4,438,737	9.00
10.00	01000	935	935	2,349	0	927,004	10.00
11.00	01100	2,211	2,211	5,554	0	1,313,267	11.00
13.00	01300	2,546	2,546	398	0	4,137,441	13.00
14.00	01400	698	698	5,231	0	6,688,599	14.00
15.00	01500	2,577	2,577	33,819	0	3,321,751	15.00
17.00	01700	398	398	0	0	317,742	17.00
18.00	01080	893	893	0	0	422,487	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,397	15,397	960,185	0	15,828,235	30.00
31.00	03100	3,457	3,457	302,187	0	4,433,072	31.00
32.00	02060	1,041	1,041	41,453	0	1,317,573	32.00
43.00	04300	566	566	45,348	0	658,922	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,908	3,908	2,786,162	0	6,036,618	50.00
51.00	05100	3,047	3,047	121,301	0	3,109,029	51.00
52.00	05200	2,992	2,992	236,366	0	4,014,683	52.00
54.00	05400	6,045	6,045	481,354	0	6,902,852	54.00
55.00	05500	932	932	14,809	0	1,792,092	55.00
59.00	05900	877	877	320,482	0	1,549,301	59.00
60.00	06000	3,280	3,280	0	0	5,778,153	60.00
63.00	06300	0	0	391,300	0	408,409	63.00
65.00	06500	2,010	2,010	104,969	0	1,968,885	65.00
66.00	06600	1,879	1,879	102,760	0	1,931,017	66.00
67.00	06700	578	578	2,044	0	699,849	67.00
68.00	06800	175	175	462	0	263,316	68.00
69.00	06900	1,074	1,074	26,725	0	1,306,719	69.00
71.00	07100	0	0	3,013,313	0	3,145,070	71.00
72.00	07200	0	0	7,772,214	0	8,112,060	72.00
73.00	07300	0	0	0	0	4,005,916	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	400	400	6,993	0	352,254	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	18,368	0	733,969	90.02
91.00	09100	7,408	7,408	592,518	0	7,498,939	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		73,592	73,592	17,488,925	-20,911,876	110,754,705	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	245	245	0	0	345,145	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	23,119	192.01
192.02	19202	0	0	0	0	558,092	192.02
192.03	19203	268	268	0	0	541,410	192.03
200.00							200.00
201.00							201.00
202.00		129,568	4,796,326	764,710		20,911,876	202.00
203.00		1.748438	64.723379	0.043725		0.186343	203.00
204.00		64,110	131,397	136,656		624,733	204.00
205.00		0.865124	1.773119	0.007814		0.005567	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2017 To 12/31/2017	Worksheet B-1 Date/Time Prepared: 5/29/2018 11:42 am	
Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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	00590						5.04
6.00	00600	210,254					6.00
7.00	00700	3,664	206,590				7.00
8.00	00800	1,000	1,000	914,634			8.00
9.00	00900	4,185	4,185	0	201,405		9.00
10.00	01000	3,796	3,796	0	3,796	30,477	10.00
11.00	01100	8,977	8,977	0	8,977	0	11.00
13.00	01300	1,549	1,549	0	1,549	0	13.00
14.00	01400	7,128	7,128	0	7,128	0	14.00
15.00	01500	2,459	2,459	0	2,459	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	62,413	62,413	491,955	62,413	23,007	30.00
31.00	03100	10,263	10,263	0	10,263	4,469	31.00
32.00	02060	3,024	3,024	1,564	3,024	974	32.00
43.00	04300	2,815	2,815	0	2,815	2,027	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,954	28,954	76,935	28,954	0	50.00
51.00	05100	2,523	2,523	0	2,523	0	51.00
52.00	05200	14,691	14,691	0	14,691	0	52.00
54.00	05400	18,192	18,192	118,461	18,192	0	54.00
55.00	05500	9,798	9,798	11,202	9,798	0	55.00
59.00	05900	2,498	2,498	0	2,498	0	59.00
60.00	06000	3,667	3,667	0	3,667	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,202	2,202	0	2,202	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	349	349	0	349	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	53	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	157	157	7,071	157	0	90.02
91.00	09100	15,590	15,590	207,393	15,590	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		210,254	206,590	914,634	201,405	30,477	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	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		5,230,364	3,351,412	259,110	5,437,864	1,358,248	202.00
203.00		24,876,407	16,222,528	0,283,294	26,999,647	44,566,329	203.00
204.00		2,410,698	274,291	46,896	237,133	202,747	204.00
205.00		11,465,646	1,327,707	0,051,273	1,177,394	6,652,459	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
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	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	62,691					11.00
13.00	01300	2,546	29,996				13.00
14.00	01400	698		17,375,132			14.00
15.00	01500	2,577	78	33,819	4,317,978		15.00
17.00	01700	398	0	0	0	30,477	17.00
18.00	01080	893	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,397	12,628	960,185	62,365	23,007	30.00
31.00	03100	3,457	2,826	302,187	20,587	4,469	31.00
32.00	02060	1,041	1,023	41,453	1,690	974	32.00
43.00	04300	566	452	45,348	0	2,027	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,908	1,980	2,786,162	41,712	0	50.00
51.00	05100	3,047	2,723	121,301	1,401	0	51.00
52.00	05200	2,992	2,350	236,366	0	0	52.00
54.00	05400	6,045	565	481,354	20,889	0	54.00
55.00	05500	932	201	14,809	363	0	55.00
59.00	05900	877	329	320,482	7,003	0	59.00
60.00	06000	3,280	0	0	0	0	60.00
63.00	06300	0	0	391,300	0	0	63.00
65.00	06500	2,010	0	104,969	0	0	65.00
66.00	06600	1,879	0	102,760	44	0	66.00
67.00	06700	578	0	2,044	544	0	67.00
68.00	06800	175	0	462	0	0	68.00
69.00	06900	1,074	216	26,725	797	0	69.00
71.00	07100	0	0	3,013,313	0	0	71.00
72.00	07200	0	0	7,772,214	0	0	72.00
73.00	07300	0	0	0	4,005,915	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	400	0	6,993	26	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	18,368	0	0	90.02
91.00	09100	7,408	4,625	592,518	154,642	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		62,178	29,996	17,375,132	4,317,978	30,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	245	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	268	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,169,307	5,102,009	8,444,532	4,227,065	390,723	202.00
203.00		34,603,165	170,089,645	0,486,013	0,978,945	12,820,258	203.00
204.00		428,429	123,170	450,249	254,921	5,894	204.00
205.00		6,833,979	4,106,214	0,025,913	0,059,037	0,193,392	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	11.00	13.00	14.00	15.00	17.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		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	00590 ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 TRANSPORTATION	826,783,250	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	59,532,047	30.00
31.00	03100 INTENSIVE CARE UNIT	16,274,935	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	4,553,512	32.00
43.00	04300 NURSERY	3,452,915	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	112,920,812	50.00
51.00	05100 RECOVERY ROOM	25,050,903	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	20,947,172	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	95,054,004	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	39,179,330	55.00
59.00	05900 CARDIAC CATHETERIZATION	44,085,348	59.00
60.00	06000 LABORATORY	55,573,595	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,881,992	63.00
65.00	06500 RESPIRATORY THERAPY	9,787,135	65.00
66.00	06600 PHYSICAL THERAPY	7,329,365	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,214,057	67.00
68.00	06800 SPEECH PATHOLOGY	1,115,058	68.00
69.00	06900 ELECTROCARDIOLOGY	26,829,236	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,224,983	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	59,426,524	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	54,694,232	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,257,747	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.02	09002 SLEEP LAB	9,394,036	90.02
91.00	09100 EMERGENCY	160,004,312	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	826,783,250	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	532,115	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000644	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,184	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000014	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet B-1 Date/Time Prepared: 5/29/2018 11:42 am
Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION (GROSS CHARGES)		
		18.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,734,345		27,734,345	0	27,734,345	30.00
31.00	03100	INTENSIVE CARE UNIT	6,992,299		6,992,299	0	6,992,299	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,060,119		2,060,119	0	2,060,119	32.00
43.00	04300	NURSERY	1,210,458		1,210,458	0	1,210,458	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,094,693		11,094,693	0	11,094,693	50.00
51.00	05100	RECOVERY ROOM	4,505,236		4,505,236	0	4,505,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,394,838		6,394,838	0	6,394,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,082,444		10,082,444	0	10,082,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,895,660		2,895,660	0	2,895,660	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,285,423		2,285,423	0	2,285,423	59.00
60.00	06000	LABORATORY	7,253,876		7,253,876	0	7,253,876	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	675,902		675,902	0	675,902	63.00
65.00	06500	RESPIRATORY THERAPY	2,612,597	0	2,612,597	0	2,612,597	65.00
66.00	06600	PHYSICAL THERAPY	2,418,746	0	2,418,746	0	2,418,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	861,386	0	861,386	0	861,386	67.00
68.00	06800	SPEECH PATHOLOGY	327,554	0	327,554	0	327,554	68.00
69.00	06900	ELECTROCARDIOLOGY	1,678,934		1,678,934	0	1,678,934	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,204,802		5,204,802	0	5,204,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,439,347		13,439,347	0	13,439,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,709,185		8,709,185	0	8,709,185	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	437,272		437,272	0	437,272	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.02	09002	SLEEP LAB	898,411		898,411	0	898,411	90.02
91.00	09100	EMERGENCY	11,601,794		11,601,794	0	11,601,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,237,874		3,237,874	0	3,237,874	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	134,613,195	0	134,613,195	0	134,613,195	200.00
201.00		Less Observation Beds	3,237,874		3,237,874		3,237,874	201.00
202.00		Total (see instructions)	131,375,321	0	131,375,321	0	131,375,321	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,799,729		50,799,729	30.00
31.00	03100	INTENSIVE CARE UNIT	16,274,935		16,274,935	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,553,512		4,553,512	32.00
43.00	04300	NURSERY	3,452,915		3,452,915	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,121,169	74,799,643	112,920,812	0.098252 50.00
51.00	05100	RECOVERY ROOM	5,560,888	19,490,015	25,050,903	0.179843 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,872,065	6,075,107	20,947,172	0.305284 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,078,736	75,975,268	95,054,004	0.106071 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	609,715	38,569,615	39,179,330	0.073908 55.00
59.00	05900	CARDIAC CATHETERIZATION	18,721,868	25,363,480	44,085,348	0.051841 59.00
60.00	06000	LABORATORY	24,349,438	31,224,157	55,573,595	0.130527 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,261,244	620,748	1,881,992	0.359142 63.00
65.00	06500	RESPIRATORY THERAPY	5,012,856	4,774,279	9,787,135	0.266942 65.00
66.00	06600	PHYSICAL THERAPY	3,192,867	4,136,498	7,329,365	0.330008 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,581,581	632,476	2,214,057	0.389053 67.00
68.00	06800	SPEECH PATHOLOGY	755,655	359,403	1,115,058	0.293755 68.00
69.00	06900	ELECTROCARDIOLOGY	11,779,533	15,049,703	26,829,236	0.062579 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,673,375	8,551,608	14,224,983	0.365892 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,071,456	22,355,068	59,426,524	0.226151 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,566,625	19,127,607	54,694,232	0.159234 73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	39,420	3,218,327	3,257,747	0.134225 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000 90.00
90.02	09002	SLEEP LAB	5,533	9,388,503	9,394,036	0.095636 90.02
91.00	09100	EMERGENCY	29,480,647	130,523,665	160,004,312	0.072509 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	511,745	8,220,573	8,732,318	0.370792 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	328,327,507	498,455,743	826,783,250	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	328,327,507	498,455,743	826,783,250	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:42 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.098252		50.00
51.00	05100 RECOVERY ROOM	0.179843		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.305284		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106071		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.073908		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.051841		59.00
60.00	06000 LABORATORY	0.130527		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.359142		63.00
65.00	06500 RESPIRATORY THERAPY	0.266942		65.00
66.00	06600 PHYSICAL THERAPY	0.330008		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389053		67.00
68.00	06800 SPEECH PATHOLOGY	0.293755		68.00
69.00	06900 ELECTROCARDIOLOGY	0.062579		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365892		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.226151		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159234		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.134225		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.095636		90.02
91.00	09100 EMERGENCY	0.072509		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370792		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 11:42 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		27,734,345	0	27,734,345	30.00
31.00	03100	INTENSIVE CARE UNIT		6,992,299	0	6,992,299	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		2,060,119	0	2,060,119	32.00
43.00	04300	NURSERY		1,210,458	0	1,210,458	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		11,094,693	0	11,094,693	50.00
51.00	05100	RECOVERY ROOM		4,505,236	0	4,505,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,394,838	0	6,394,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		10,082,444	0	10,082,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,895,660	0	2,895,660	55.00
59.00	05900	CARDIAC CATHETERIZATION		2,285,423	0	2,285,423	59.00
60.00	06000	LABORATORY		7,253,876	0	7,253,876	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		675,902	0	675,902	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,612,597	0	2,612,597	65.00
66.00	06600	PHYSICAL THERAPY	0	2,418,746	0	2,418,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	861,386	0	861,386	67.00
68.00	06800	SPEECH PATHOLOGY	0	327,554	0	327,554	68.00
69.00	06900	ELECTROCARDIOLOGY		1,678,934	0	1,678,934	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,204,802	0	5,204,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		13,439,347	0	13,439,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		8,709,185	0	8,709,185	73.00
76.00	03950	OTHER ANCILLARY SERVICES		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		437,272	0	437,272	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.02	09002	SLEEP LAB		898,411	0	898,411	90.02
91.00	09100	EMERGENCY		11,601,794	0	11,601,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,237,874	0	3,237,874	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	134,613,195	0	134,613,195	200.00
201.00		Less Observation Beds		3,237,874		3,237,874	201.00
202.00		Total (see instructions)	0	131,375,321	0	131,375,321	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:42 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	50,799,729		50,799,729	30.00
31.00	03100	INTENSIVE CARE UNIT	16,274,935		16,274,935	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,553,512		4,553,512	32.00
43.00	04300	NURSERY	3,452,915		3,452,915	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,121,169	74,799,643	112,920,812	0.098252 50.00
51.00	05100	RECOVERY ROOM	5,560,888	19,490,015	25,050,903	0.179843 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,872,065	6,075,107	20,947,172	0.305284 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,078,736	75,975,268	95,054,004	0.106071 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	609,715	38,569,615	39,179,330	0.073908 55.00
59.00	05900	CARDIAC CATHETERIZATION	18,721,868	25,363,480	44,085,348	0.051841 59.00
60.00	06000	LABORATORY	24,349,438	31,224,157	55,573,595	0.130527 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,261,244	620,748	1,881,992	0.359142 63.00
65.00	06500	RESPIRATORY THERAPY	5,012,856	4,774,279	9,787,135	0.266942 65.00
66.00	06600	PHYSICAL THERAPY	3,192,867	4,136,498	7,329,365	0.330008 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,581,581	632,476	2,214,057	0.389053 67.00
68.00	06800	SPEECH PATHOLOGY	755,655	359,403	1,115,058	0.293755 68.00
69.00	06900	ELECTROCARDIOLOGY	11,779,533	15,049,703	26,829,236	0.062579 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,673,375	8,551,608	14,224,983	0.365892 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,071,456	22,355,068	59,426,524	0.226151 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,566,625	19,127,607	54,694,232	0.159234 73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	39,420	3,218,327	3,257,747	0.134225 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000 90.00
90.02	09002	SLEEP LAB	5,533	9,388,503	9,394,036	0.095636 90.02
91.00	09100	EMERGENCY	29,480,647	130,523,665	160,004,312	0.072509 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	511,745	8,220,573	8,732,318	0.370792 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	328,327,507	498,455,743	826,783,250	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	328,327,507	498,455,743	826,783,250	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:42 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
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.098252		50.00
51.00	05100 RECOVERY ROOM	0.179843		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.305284		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106071		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.073908		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.051841		59.00
60.00	06000 LABORATORY	0.130527		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.359142		63.00
65.00	06500 RESPIRATORY THERAPY	0.266942		65.00
66.00	06600 PHYSICAL THERAPY	0.330008		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389053		67.00
68.00	06800 SPEECH PATHOLOGY	0.293755		68.00
69.00	06900 ELECTROCARDIOLOGY	0.062579		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365892		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.226151		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159234		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.134225		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.095636		90.02
91.00	09100 EMERGENCY	0.072509		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370792		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/29/2018 11:42 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	11,094,693	2,372,284	8,722,409	0	0	50.00
51.00	05100 RECOVERY ROOM	4,505,236	184,201	4,321,035	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,394,838	825,497	5,569,341	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,082,444	1,802,863	8,279,581	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,895,660	511,575	2,384,085	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	2,285,423	465,335	1,820,088	0	0	59.00
60.00	06000 LABORATORY	7,253,876	233,184	7,020,692	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	675,902	15,498	660,404	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,612,597	176,843	2,435,754	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,418,746	111,466	2,307,280	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	861,386	77,329	784,057	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	327,554	70,475	257,079	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,678,934	150,374	1,528,560	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,204,802	119,338	5,085,464	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,439,347	308,129	13,131,218	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,709,185	259,564	8,449,621	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	437,272	43,900	393,372	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	898,411	83,742	814,669	0	0	90.02
91.00	09100 EMERGENCY	11,601,794	965,679	10,636,115	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,237,874	434,756	2,803,118	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	96,615,974	9,212,032	87,403,942	0	0	200.00
201.00	Less Observation Beds	3,237,874	434,756	2,803,118	0	0	201.00
202.00	Total (line 200 minus line 201)	93,378,100	8,777,276	84,600,824	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C Part II Date/Time Prepared: 5/29/2018 11:42 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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,094,693	112,920,812	0.098252		50.00
51.00	05100 RECOVERY ROOM	4,505,236	25,050,903	0.179843		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,394,838	20,947,172	0.305284		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,082,444	95,054,004	0.106071		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,895,660	39,179,330	0.073908		55.00
59.00	05900 CARDIAC CATHETERIZATION	2,285,423	44,085,348	0.051841		59.00
60.00	06000 LABORATORY	7,253,876	55,573,595	0.130527		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	675,902	1,881,992	0.359142		63.00
65.00	06500 RESPIRATORY THERAPY	2,612,597	9,787,135	0.266942		65.00
66.00	06600 PHYSICAL THERAPY	2,418,746	7,329,365	0.330008		66.00
67.00	06700 OCCUPATIONAL THERAPY	861,386	2,214,057	0.389053		67.00
68.00	06800 SPEECH PATHOLOGY	327,554	1,115,058	0.293755		68.00
69.00	06900 ELECTROCARDIOLOGY	1,678,934	26,829,236	0.062579		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,204,802	14,224,983	0.365892		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,439,347	59,426,524	0.226151		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,709,185	54,694,232	0.159234		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	437,272	3,257,747	0.134225		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09002 SLEEP LAB	898,411	9,394,036	0.095636		90.02
91.00	09100 EMERGENCY	11,601,794	160,004,312	0.072509		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,237,874	8,732,318	0.370792		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	96,615,974	751,702,159			200.00
201.00	Less Observation Beds	3,237,874	0			201.00
202.00	Total (line 200 minus line 201)	93,378,100	751,702,159			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/29/2018 11:42 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)	PPS
Title XVIII		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,723,950	0	3,723,950	26,048	142.96	30.00
31.00	INTENSIVE CARE UNIT	608,535		608,535	4,469	136.17	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	170,608		170,608	974	175.16	32.00
43.00	NURSERY	171,287		171,287	2,027	84.50	43.00
200.00	Total (Lines 30 through 199)	4,674,380		4,674,380	33,518		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	9,642	1,378,420				
31.00	INTENSIVE CARE UNIT	2,151	292,902				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	11,793	1,671,322				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,372,284	112,920,812	0.021008	14,472,047	304,029	50.00
51.00	05100 RECOVERY ROOM	184,201	25,050,903	0.007353	2,240,270	16,473	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	825,497	20,947,172	0.039409	39,532	1,558	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,802,863	95,054,004	0.018967	8,516,438	161,531	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	511,575	39,179,330	0.013057	275,224	3,594	55.00
59.00	05900 CARDIAC CATHETERIZATION	465,335	44,085,348	0.010555	7,597,049	80,187	59.00
60.00	06000 LABORATORY	233,184	55,573,595	0.004196	9,588,117	40,232	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	15,498	1,881,992	0.008235	670,341	5,520	63.00
65.00	06500 RESPIRATORY THERAPY	176,843	9,787,135	0.018069	2,398,338	43,336	65.00
66.00	06600 PHYSICAL THERAPY	111,466	7,329,365	0.015208	1,623,767	24,694	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,329	2,214,057	0.034926	854,363	29,839	67.00
68.00	06800 SPEECH PATHOLOGY	70,475	1,115,058	0.063203	437,985	27,682	68.00
69.00	06900 ELECTROCARDIOLOGY	150,374	26,829,236	0.005605	6,001,393	33,638	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	119,338	14,224,983	0.008389	1,897,086	15,915	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	308,129	59,426,524	0.005185	16,228,674	84,146	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	259,564	54,694,232	0.004746	14,367,383	68,188	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,900	3,257,747	0.013476	15,983	215	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	83,742	9,394,036	0.008914	5,533	49	90.02
91.00	09100 EMERGENCY	965,679	160,004,312	0.006035	13,092,830	79,015	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	434,756	8,732,318	0.049787	220,122	10,959	92.00
200.00	Total (lines 50 through 199)	9,212,032	751,702,159		100,542,475	1,030,800	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 11:42 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	26,048	0.00	9,642	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,469	0.00	2,151	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	974	0.00	0	32.00	
43.00	04300	NURSERY	0	0	2,027	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	33,518		11,793	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0						32.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description	Title XVIII				Hospital		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	112,920,812	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	25,050,903	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,947,172	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,054,004	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	39,179,330	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,085,348	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	55,573,595	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,881,992	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,787,135	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,329,365	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,214,057	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,115,058	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,829,236	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,224,983	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	59,426,524	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,694,232	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,257,747	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.02	09002	SLEEP LAB	0	0	0	9,394,036	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	160,004,312	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,732,318	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	751,702,159		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,472,047	0	11,645,573	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,240,270	0	3,983,935	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	39,532	0	24,436	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,516,438	0	17,563,555	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	275,224	0	13,373,374	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,597,049	0	6,887,656	0	59.00
60.00	06000 LABORATORY	0.000000	9,588,117	0	3,173,072	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	670,341	0	192,933	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,398,338	0	1,601,181	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,623,767	0	191,682	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	854,363	0	30,318	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	437,985	0	7,562	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,001,393	0	7,071,433	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,897,086	0	2,083,150	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	16,228,674	0	6,137,227	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	14,367,383	0	3,566,827	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	15,983	0	1,152,515	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.000000	5,533	0	2,280,755	0	90.02
91.00	09100 EMERGENCY	0.000000	13,092,830	0	19,338,831	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	220,122	0	2,319,684	0	92.00
200.00	Total (lines 50 through 199)		100,542,475	0	102,625,699	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:42 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	0.098252	11,645,573	0	0	1,144,201	50.00	
51.00 05100 RECOVERY ROOM	0.179843	3,983,935	0	0	716,483	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.305284	24,436	0	0	7,460	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.106071	17,563,555	0	0	1,862,984	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.073908	13,373,374	0	0	988,399	55.00	
59.00 05900 CARDIAC CATHETERIZATION	0.051841	6,887,656	0	0	357,063	59.00	
60.00 06000 LABORATORY	0.130527	3,173,072	0	0	414,172	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.359142	192,933	0	0	69,290	63.00	
65.00 06500 RESPIRATORY THERAPY	0.266942	1,601,181	0	0	427,422	65.00	
66.00 06600 PHYSICAL THERAPY	0.330008	191,682	0	0	63,257	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.389053	30,318	0	0	11,795	67.00	
68.00 06800 SPEECH PATHOLOGY	0.293755	7,562	0	0	2,221	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.062579	7,071,433	0	0	442,523	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365892	2,083,150	0	0	762,208	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.226151	6,137,227	0	0	1,387,940	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.159234	3,566,827	0	39,764	567,960	73.00	
76.00 03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.134225	1,152,515	0	0	154,696	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.02 09002 SLEEP LAB	0.095636	2,280,755	0	0	218,122	90.02	
91.00 09100 EMERGENCY	0.072509	19,338,831	0	0	1,402,239	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370792	2,319,684	0	0	860,120	92.00	
200.00		Subtotal (see instructions)	102,625,699	0	39,764	11,860,555	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	102,625,699	0	39,764	11,860,555	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:42 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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	6,332		73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 SLEEP LAB	0	0		90.02
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	6,332		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	6,332		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/29/2018 11:42 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)	PPS
Title XIX		Hospital		PPS			
Cost Center Description		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,723,950	0	3,723,950	26,048	142.96	30.00
31.00	INTENSIVE CARE UNIT	608,535		608,535	4,469	136.17	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	170,608		170,608	974	175.16	32.00
43.00	NURSERY	171,287		171,287	2,027	84.50	43.00
200.00	Total (Lines 30 through 199)	4,674,380		4,674,380	33,518		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	249	35,597				
31.00	INTENSIVE CARE UNIT	111	15,115				
32.00	NEONATAL INTENSIVE CARE UNIT	40	7,006				
43.00	NURSERY	925	78,163				
200.00	Total (Lines 30 through 199)	1,325	135,881				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	2,372,284	112,920,812	0.021008	179,944	3,780	50.00
51.00	05100 RECOVERY ROOM	184,201	25,050,903	0.007353	13,067	96	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	825,497	20,947,172	0.039409	153,859	6,063	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,802,863	95,054,004	0.018967	221,288	4,197	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	511,575	39,179,330	0.013057	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	465,335	44,085,348	0.010555	34,003	359	59.00
60.00	06000 LABORATORY	233,184	55,573,595	0.004196	373,356	1,567	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	15,498	1,881,992	0.008235	9,190	76	63.00
65.00	06500 RESPIRATORY THERAPY	176,843	9,787,135	0.018069	79,958	1,445	65.00
66.00	06600 PHYSICAL THERAPY	111,466	7,329,365	0.015208	28,106	427	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,329	2,214,057	0.034926	4,719	165	67.00
68.00	06800 SPEECH PATHOLOGY	70,475	1,115,058	0.063203	4,894	309	68.00
69.00	06900 ELECTROCARDIOLOGY	150,374	26,829,236	0.005605	79,317	445	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	119,338	14,224,983	0.008389	27,043	227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	308,129	59,426,524	0.005185	139,451	723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	259,564	54,694,232	0.004746	468,688	2,224	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,900	3,257,747	0.013476	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	83,742	9,394,036	0.008914	0	0	90.02
91.00	09100 EMERGENCY	965,679	160,004,312	0.006035	259,733	1,567	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	434,756	8,732,318	0.049787	6,132	305	92.00
200.00	Total (lines 50 through 199)	9,212,032	751,702,159		2,082,748	23,975	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 11:42 am
Title XIX			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	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00	
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.s. 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	26,048	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,469	0.00	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	974	0.00	32.00	
43.00	04300	NURSERY	0	0	2,027	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	33,518	1,325	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description	Title XIX			Hospital		Allied Health 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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	112,920,812	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	25,050,903	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	20,947,172	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,054,004	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	39,179,330	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,085,348	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	55,573,595	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,881,992	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,787,135	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,329,365	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,214,057	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,115,058	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,829,236	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,224,983	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	59,426,524	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,694,232	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,257,747	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.02	09002	SLEEP LAB	0	0	0	9,394,036	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	160,004,312	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,732,318	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	751,702,159		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 11:42 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	179,944	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	13,067	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	153,859	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	221,288	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	34,003	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	373,356	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	9,190	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	79,958	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	28,106	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,719	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,894	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	79,317	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	27,043	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	139,451	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	468,688	0	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	259,733	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	6,132	0	0	0	92.00
200.00	Total (lines 50 through 199)		2,082,748	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,048	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)		23,007	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)		9,642	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)		27,734,345	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)		27,734,345	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)		27,734,345	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)		1,064.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,266,223	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)		10,266,223	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,992,299	4,469	1,564.62	2,151	3,365,498	43.00
44.00 NEONATAL INTENSIVE CARE UNIT	2,060,119	974	2,115.11	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,345,019	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,976,740	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,671,322	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,030,800	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,702,122	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					25,274,618	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)					3,041	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,064.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,237,874	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 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	3,723,950	27,734,345	0.134272	3,237,874	434,756	90.00
91.00	Nursing School cost	0	27,734,345	0.000000	3,237,874	0	91.00
92.00	Allied health cost	0	27,734,345	0.000000	3,237,874	0	92.00
93.00	All other Medical Education	0	27,734,345	0.000000	3,237,874	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,048	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)		23,007	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)		249	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,027	15.00
16.00	Nursery days (title V or XIX only)		925	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)		27,734,345	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)		27,734,345	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)		27,734,345	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)		1,064.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		265,120	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)		265,120	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 am	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,210,458	2,027	597.17	925	552,382	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,992,299	4,469	1,564.62	111	173,673	43.00
44.00 NEONATAL INTENSIVE CARE UNIT	2,060,119	974	2,115.11	40	84,604	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					320,297	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,396,076	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)					135,881	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,975	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					159,856	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,236,220	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)					3,041	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,064.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,237,874	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:42 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	3,723,950	27,734,345	0.134272	3,237,874	434,756	90.00
91.00	Nursing School cost	0	27,734,345	0.000000	3,237,874	0	91.00
92.00	Allied health cost	0	27,734,345	0.000000	3,237,874	0	92.00
93.00	All other Medical Education	0	27,734,345	0.000000	3,237,874	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 11:42 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		20,217,502		30.00
31.00	03100 INTENSIVE CARE UNIT		7,921,559		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.098252	14,472,047	1,421,908	50.00
51.00	05100 RECOVERY ROOM	0.179843	2,240,270	402,897	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.305284	39,532	12,068	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106071	8,516,438	903,347	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.073908	275,224	20,341	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.051841	7,597,049	393,839	59.00
60.00	06000 LABORATORY	0.130527	9,588,117	1,251,508	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.359142	670,341	240,748	63.00
65.00	06500 RESPIRATORY THERAPY	0.266942	2,398,338	640,217	65.00
66.00	06600 PHYSICAL THERAPY	0.330008	1,623,767	535,856	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389053	854,363	332,392	67.00
68.00	06800 SPEECH PATHOLOGY	0.293755	437,985	128,660	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062579	6,001,393	375,561	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365892	1,897,086	694,129	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.226151	16,228,674	3,670,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159234	14,367,383	2,287,776	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.134225	15,983	2,145	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	0.095636	5,533	529	90.02
91.00	09100 EMERGENCY	0.072509	13,092,830	949,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370792	220,122	81,619	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		100,542,475	14,345,019	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)		100,542,475		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XIX		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		494,333	30.00
31.00	03100	INTENSIVE CARE UNIT		286,014	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		182,443	32.00
43.00	04300	NURSERY		117,875	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098252	179,944	50.00
51.00	05100	RECOVERY ROOM	0.179843	13,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305284	153,859	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106071	221,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.073908	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.051841	34,003	59.00
60.00	06000	LABORATORY	0.130527	373,356	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.359142	9,190	63.00
65.00	06500	RESPIRATORY THERAPY	0.266942	79,958	65.00
66.00	06600	PHYSICAL THERAPY	0.330008	28,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389053	4,719	67.00
68.00	06800	SPEECH PATHOLOGY	0.293755	4,894	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062579	79,317	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365892	27,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.226151	139,451	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159234	468,688	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.134225	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.095636	0	90.02
91.00	09100	EMERGENCY	0.072509	259,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.370792	6,132	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,082,748	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)		2,082,748	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,592,192	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,446,802	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)		158,411	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)		118.19	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)		2.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.70	31.00
32.00	Sum of lines 30 and 31		19.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.44	33.00
34.00	Disproportionate share adjustment (see instructions)		286,131	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:42 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)	0.000145005	0.000312558	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	866,768	2,114,984	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	648,295	533,092	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,181,387		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	22,664,923		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		22,664,923	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,873,082	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)		24,540,076	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,540,076	61.00
62.00	Deductibles billed to program beneficiaries		2,503,760	62.00
63.00	Coinurance billed to program beneficiaries		71,393	63.00
64.00	Allowable bad debts (see instructions)		390,149	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		253,597	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		34,472	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,218,520	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)		185,708	70.93
70.94	HRR adjustment amount (see instructions)		-136,917	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:42 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			65,723 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,201,588 71.00
71.01	Sequestration adjustment (see instructions)			444,032 71.01
71.02	Demonstration payment adjustment amount after sequestration			0 71.02
72.00	Interim payments			21,594,542 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)			163,014 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			412,780 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: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 11:42 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,592,192	0	15,592,192		15,592,192	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,446,802	0		5,446,802	5,446,802	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	158,411	0	124,085	34,325	158,410	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	0.0544	0.0544	0.0544	0.0544		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	286,131	0	212,054	74,077	286,131	11.00
11.01	Uncompensated care payments	36.00	1,181,387	0	648,295	533,092	1,181,387	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,664,923	0	16,576,627	6,088,296	22,664,923	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,664,923	0	16,576,627	6,088,296	22,664,923	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,873,082	0	1,406,498	466,584	1,873,082	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: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 11:42 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	17,985,196	6,554,880	24,540,076	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	1,706,436	0	1,262,740	443,696	1,706,436	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	97,877	0	92,870	5,007	97,877	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	0.0403	0.0403	0.0403	0.0403		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	68,769	0	50,888	17,881	68,769	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,873,082	0	1,406,498	466,584	1,873,082	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 11:42 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,592,192	15,592,192		15,592,192	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,446,802		5,446,802	5,446,802	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	158,411	124,085	34,326	158,411	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	0.0544	0.0544	0.0544		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	286,131	212,054	74,077	286,131	11.00
11.01	Uncompensated care payments	36.00	1,181,387	648,295	533,092	1,181,387	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,664,923	16,576,626	6,088,297	22,664,923	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,664,923	16,576,626	6,088,297	22,664,923	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,873,082	1,406,498	466,584	1,873,082	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			17,985,195	6,554,881	24,540,076	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 11:42 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	1,706,436	1,262,740	443,696	1,706,436	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	97,877	92,870	5,007	97,877	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	0.0403	0.0403	0.0403		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	68,769	50,888	17,881	68,769	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,873,082	1,406,498	466,584	1,873,082	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	185,708	129,572	56,136	185,708	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	-136,917	-98,244	-38,673	-136,917	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	65,723	65,723	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 11:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,332	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		11,860,555	2.00
3.00	OPPTS payments		12,944,518	3.00
4.00	Outlier payment (see instructions)		26,344	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)		6,332	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,764	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)		39,764	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)		39,764	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,432	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)		6,332	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)		12,970,862	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,549,040	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)		10,428,154	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)		10,428,154	30.00
31.00	Primary payer payments		2,263	31.00
32.00	Subtotal (line 30 minus line 31)		10,425,891	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)		609,895	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		396,432	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		261,248	36.00
37.00	Subtotal (see instructions)		10,822,323	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-7	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,822,330	40.00
40.01	Sequestration adjustment (see instructions)		216,447	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		10,397,916	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		207,967	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0158

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 11:42 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,594,542		10,397,916	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,594,542		10,397,916	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		163,014		207,967	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,757,556		10,605,883	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: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 11:42 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: 15-0158

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

Worksheet G
Date/Time Prepared:
5/29/2018 11:42 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	338,896,627	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	781,984	0	0	0	3.00
4.00	Accounts receivable	30,131,751	0	0	0	4.00
5.00	Other receivable	-5,864,054	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,521,470	0	0	0	7.00
8.00	Prepaid expenses	832,880	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)	366,300,658	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-4,636,562	0	0	0	14.00
15.00	Buildings	103,481,243	0	0	0	15.00
16.00	Accumulated depreciation	-34,608,880	0	0	0	16.00
17.00	Leasehold improvements	511,213	0	0	0	17.00
18.00	Accumulated depreciation	-373,996	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	12,997	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	70,825,342	0	0	0	23.00
24.00	Accumulated depreciation	-57,285,301	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)	84,726,759	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	5,365,117	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,365,117	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	456,392,534	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,027,456	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,481,885	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	93,989,349	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,276,702	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	109,775,392	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	3,984,927	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,984,927	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	113,760,319	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	342,632,215				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)	342,632,215	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	456,392,534	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 11:42 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		291,437,252		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		51,175,151				2.00
3.00	Total (sum of line 1 and line 2)		342,612,403		0		3.00
4.00	TEMP RESTRICTED FUND BALANCE	19,813		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		19,813		0		10.00
11.00	Subtotal (line 3 plus line 10)		342,632,216		0		11.00
12.00	ROUNDING	1		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		342,632,215		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	TEMP RESTRICTED FUND BALANCE		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	ROUNDING		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 11:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,252,644		54,252,644	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)	54,252,644		54,252,644	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,274,935		16,274,935	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	4,553,512		4,553,512	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,828,447		20,828,447	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,081,091		75,081,091	17.00
18.00	Ancillary services	223,248,491	350,323,002	573,571,493	18.00
19.00	Outpatient services	29,997,925	148,132,741	178,130,666	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	NONALLOWABLE REVENUE	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	328,327,507	498,455,743	826,783,250	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		159,641,147		29.00
30.00	ROUNDING	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)		159,641,147		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/29/2018 11:42 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	826,783,250	1.00
2.00	Less contractual allowances and discounts on patients' accounts	619,277,087	2.00
3.00	Net patient revenues (line 1 minus line 2)	207,506,163	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	159,641,147	4.00
5.00	Net income from service to patients (line 3 minus line 4)	47,865,016	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	3,310,135	24.00
25.00	Total other income (sum of lines 6-24)	3,310,135	25.00
26.00	Total (line 5 plus line 25)	51,175,151	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)	51,175,151	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 11:42 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,706,436	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		97,877	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)		78.95	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)		2.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.70	8.00
9.00	Sum of lines 7 and 8		19.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.03	10.00
11.00	Disproportionate share adjustment (see instructions)		68,769	11.00
12.00	Total prospective capital payments (see instructions)		1,873,082	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