

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: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 9:32 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/30/2018 Time: 9:32 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PARKVIEW HOSPITAL (15-0021) 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	-608,739	-57,357	0	0	1.00
2.00 Subprovider - IPF	0	2,199	0		0	2.00
3.00 Subprovider - IRF	0	-56,635	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	5,825	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-657,350	-57,357	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:17 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11109 PARKVIEW PLAZA DRIVE			PO Box:						1.00
2.00	City: FORT WAYNE			State: IN		Zip Code: 46845		County: ALLEN		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	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017		12/31/2017		20.00
21.00	Type of Control (see instructions)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickie 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)					N		N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,621	17,374	0	1,992	14,240	0			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:17 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
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.	303	477	0	68	329			25.00		
						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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00		
						Y/N	Y/N				
						1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		N	40.00		
						V	XVII	XIX			
						1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N	N	48.00	
Teaching Hospitals											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.							Y		56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							N		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							N		58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N		59.00	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code					
				1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)							Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)								23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)								23.02	1	60.02

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00		3.00
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	10.56	6.61	0.615026	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
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	10.56	6.61	0.615026	67.00	
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		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.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.						107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N					109.00	
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N				110.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:17 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,041,617	612,929	189,072	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H032	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:17 am		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				141.00
142.00	Street: 10501 CORPORATE DRIVE	PO Box:	5600					142.00
143.00	City: FORT WAYNE	State:	IN	Zip Code:	46895-5600			143.00
144.00 Are provider based physicians' costs included in Worksheet A?								
Y								
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
N								
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								
N								
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
N								
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
N								
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
N								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC							161.00
161.10	CORF							161.10
161.20	OUTPATIENT PHYSICAL THERAPY							161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY							161.30
161.40	OUTPATIENT SPEECH PATHOLOGY							161.40
165.00 Multi campus								
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
N								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								
Y								
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
Beginning Ending								
1.00 2.00								
10/01/2016 09/30/2017								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:17 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)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 9:17 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	V/I	
				1.00	2.00	3.00	
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	Date	
				1.00	2.00	3.00	
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	03/27/2018	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
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	
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	05/01/2018	Y	04/28/2017
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 9:17 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		NICKESON	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 9:17 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	387	141,255	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)		387	141,255	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	125	45,625	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	6	2,190	0.00	0	8.01
8.02 NEONATAL ICU	31.02	31	11,315	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		549	200,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	89	32,485		0	16.00
17.00 SUBPROVIDER - IRF	41.00	31	11,315		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		710				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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	33,717	4,141	98,891			1.00
2.00 HMO and other (see instructions)	28,575	33,042				2.00
3.00 HMO IPF Subprovider	2,433	6,738				3.00
4.00 HMO IRF Subprovider	1,200	874				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)	33,717	4,141	98,891			7.00
8.00 INTENSIVE CARE UNIT	6,713	0	34,126			8.00
8.01 PEDIATRIC ICU	0	0	1,278			8.01
8.02 NEONATAL ICU	0	0	8,504			8.02
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,424	5,910			13.00
14.00 Total (see instructions)	40,430	5,565	148,709	16.80	4,470.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,052	626	18,940	0.00	105.60	16.00
17.00 SUBPROVIDER - IRF	2,085	303	6,670	0.00	37.40	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,922	0	12,098	0.00	58.40	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	53,281	0.00	121.30	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	72.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				16.80	4,865.40	27.00
28.00 Observation Bed Days		537	15,621			28.00
29.00 Ambulance Trips	1,334					29.00
30.00 Employee discount days (see instruction)			3,325			30.00
31.00 Employee discount days - IRF			48			31.00
32.00 Labor & delivery days (see instructions)	0	620	1,198			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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:17 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	8,298	786	31,779	1.00
2.00 HMO and other (see instructions)				5,499	7,943		2.00
3.00 HMO IPF Subprovider					1,708		3.00
4.00 HMO IRF Subprovider					39		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
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	8,298	786		31,779	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	662	104		3,954	16.00
17.00 SUBPROVIDER - IRF	0.00	0	154	23		449	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
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: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 9:17 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	368,270,814	-66,072,071	302,198,743	10,120,191.00	29.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,025,041	0	1,025,041	5,067.00	202.30
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,709	202	1,911	34.95	54.68
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		129,214,000	-66,072,071	63,141,929	2,040,527.00	30.94
9.00	SNF	44.00	2,726,998	351,908	3,078,906	121,538.00	25.33
10.00	Excluded area salaries (see instructions)		25,877,005	3,644,871	29,521,876	935,461.00	31.56
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		322,000	0	322,000	4,426.00	72.75
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		63,141,929	0	63,141,929	2,040,527.00	30.94
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)		77,125,535	0	77,125,535		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		9,074,457	0	9,074,457		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		143,021	0	143,021		
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)		26,199,057	0	26,199,057		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	34,669,836	-34,387,040	282,796	11,509.00	24.57
27.00	Administrative & General	5.00	134,815,141	-55,971,645	78,843,496	2,228,607.00	35.38

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 9:17 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,165,427	377,151	3,542,578	148,022.00	23.93
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	5,318,768	634,765	5,953,533	434,186.00	13.71
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	5,528,062	643,027	6,171,089	439,082.00	14.05
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,340,531	277,929	2,618,460	53,358.00	49.07
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	10,677,646	-142,789	10,534,857	271,694.00	38.77
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00
42.00	Social Service	17.00	3,369,987	399,022	3,769,009	117,769.00	32.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 9:17 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	239,055,105	-202	239,054,903	8,079,629.05	29.59	1.00
2.00	Excluded area salaries (see instructions)	28,604,003	3,996,779	32,600,782	1,056,999.00	30.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	210,451,102	-3,996,981	206,454,121	7,022,630.05	29.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	63,463,929	0	63,463,929	2,044,953.00	31.03	4.00
5.00	Subtotal wage-related costs (see inst.)	103,467,613	0	103,467,613	0.00	50.12	5.00
6.00	Total (sum of lines 3 thru 5)	377,382,644	-3,996,981	373,385,663	9,067,583.05	41.18	6.00
7.00	Total overhead cost (see instructions)	199,885,398	-88,169,580	111,715,818	3,704,227.00	30.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 9:17 am
				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		4,658,508	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		9,342,624	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		75,896	6.00
7.00	Employee Managed Care Program Administration Fees		787,899	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		48,951,971	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		488,176	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)		1,323,577	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		397,250	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		18,842,311	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		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		770,983	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		779,714	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		86,418,909	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: 15-0021

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	86,418,909	1.00
2.00	Hospital	0	86,418,909	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 5/30/2018 9:17 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,042	0	1,349	4,391	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,107.00	0.00	934.00	3,041.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.80	0.00	0.80	4.00
5.00	Other Administrative Personnel			38.50	0.00	38.50	5.00
6.00	Direct Nursing Service			57.19	0.19	57.38	6.00
7.00	Nursing Supervisor			8.25	0.00	8.25	7.00
8.00	Physical Therapy Service			11.08	1.64	12.72	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			7.04	0.00	7.04	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.76	0.00	1.76	12.00
13.00	Speech Pathology Supervisor			1.00	0.00	1.00	13.00
14.00	Medical Social Service			1.03	0.00	1.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			10.37	0.00	10.37	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	QUALITY AND MISC STAFF			66.25	0.00	66.25	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23060			20.00
20.01				99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,659	862	495	194	10,210	21.00
22.00	Skilled Nursing Visit Charges	1,773,670	172,685	107,490	40,455	2,094,300	22.00
23.00	Physical Therapy Visits	2,523	131	52	73	2,779	23.00
24.00	Physical Therapy Visit Charges	553,520	28,655	11,435	16,045	609,655	24.00
25.00	Occupational Therapy Visits	1,004	101	14	32	1,151	25.00
26.00	Occupational Therapy Visit Charges	220,040	22,050	3,075	6,995	252,160	26.00
27.00	Speech Pathology Visits	301	84	1	4	390	27.00
28.00	Speech Pathology Visit Charges	66,015	18,380	220	880	85,495	28.00
29.00	Medical Social Service Visits	271	15	8	12	306	29.00
30.00	Medical Social Service Visit Charges	63,600	3,525	1,880	2,820	71,825	30.00
31.00	Home Health Aide Visits	1,436	208	5	49	1,698	31.00
32.00	Home Health Aide Visit Charges	156,515	22,615	545	5,295	184,970	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,194	1,401	575	364	16,534	33.00
34.00	Other Charges	32,950	7,104	2,205	938	43,197	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,866,310	275,014	126,850	73,428	3,341,602	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,060		197	34	1,291	36.00
37.00	Total Number of Outlier Episodes		38		0	38	37.00
38.00	Total Non-Routine Medical Supply Charges	2,399,641	126,298	85,616	30,162	2,641,717	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/30/2018 9:17 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	4	0	4	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	25	0	25	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	392	0	392	12.00
13.00	RUB	323	0	323	13.00
14.00	RUA	597	0	597	14.00
15.00	RVC	562	0	562	15.00
16.00	RVB	835	0	835	16.00
17.00	RVA	1,351	0	1,351	17.00
18.00	RHC	139	0	139	18.00
19.00	RHB	147	0	147	19.00
20.00	RHA	100	0	100	20.00
21.00	RMC	5	0	5	21.00
22.00	RMB	11	0	11	22.00
23.00	RMA	12	0	12	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	6	0	6	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	13	0	13	31.00
32.00	HD1	32	0	32	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	42	0	42	34.00
35.00	HB2	25	0	25	35.00
36.00	HB1	35	0	35	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	9	0	9	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	45	0	45	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	2	0	2	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	4	0	4	48.00
49.00	CC2	11	0	11	49.00
50.00	CC1	36	0	36	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	33	0	33	52.00
53.00	CA2	15	0	15	53.00
54.00	CA1	106	0	106	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/30/2018 9:17 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	5	0	5	199.00
200.00	TOTAL		4,922	0	4,922	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 23060 23060 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	2,160,933	30.80	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	BENEFITS AND OVERHEAD COSTS	4,516,889	64.37	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,016,840			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2017 To 12/31/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/30/2018 9:17 am
			Hospice I	

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

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

	Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	30,448	2,099	3,252	35,799	11.00
12.00	Hospice Inpatient Respite Care	90	6	10	106	12.00
13.00	Hospice General Inpatient Care	3,473	239	371	4,083	13.00
14.00	Total Hospice Days	34,011	2,344	3,633	39,988	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 9:17 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)		0.200265	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		29,035,191	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		317,727,271	6.00	
7.00	Medicaid cost (line 1 times line 6)		63,629,652	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)		34,594,461	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		940,778	9.00	
10.00	Stand-alone CHIP charges		2,613,795	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		523,452	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)		43,739,878	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		243,489,087	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		48,762,342	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)		5,022,464	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)		39,616,925	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	50,052,050	15,035,473	65,087,523	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,023,674	15,035,473	25,059,147	21.00
22.00	Payments received from patients for amounts previously written off as charity care	8,848	68,399	77,247	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,014,826	14,967,074	24,981,900	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		57,911,645		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,029,684		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,584,129		27.01
28.00	Non-Medicare bad debt expense (see instructions)		56,327,516		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		11,834,875		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		36,816,775		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		76,433,700		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 9:17 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		43,811,145	43,811,145	-23,366,730	20,444,415	1.00
2.00	00200		0	0	24,028,185	24,028,185	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	34,669,836	73,936,527	108,606,363	-30,289,567	78,316,796	4.00
5.01	00540	0	0	0	1,434,969	1,434,969	5.01
5.02	00550	0	0	0	0	0	5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	1,632,699	484,820	2,117,519	282,385	2,399,904	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00591	0	0	0	0	0	5.06
5.07	00590	133,182,442	145,170,463	278,352,905	8,131,509	286,484,414	5.07
5.08	00592	0	0	0	0	0	5.08
6.00	00600	0	0	0	0	0	6.00
7.00	00700	778,874	7,143,058	7,921,932	127,640	8,049,572	7.00
7.01	00701	2,386,553	2,451,180	4,837,733	276,163	5,113,896	7.01
8.00	00800	0	3,313,005	3,313,005	0	3,313,005	8.00
9.00	00900	5,318,768	1,735,675	7,054,443	603,233	7,657,676	9.00
10.00	01000	5,528,062	6,574,615	12,102,677	-4,492,438	7,610,239	10.00
10.01	01001	0	0	0	5,129,490	5,129,490	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,340,531	497,398	2,837,929	276,396	3,114,325	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	9,678,627	51,185,497	60,864,124	-49,335,149	11,528,975	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	999,019	769,176	1,768,195	1,126,521	2,894,716	15.02
15.03	01503	0	-1,414,568	-1,414,568	64,438,322	63,023,754	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	3,127,599	2,276,370	5,403,969	369,465	5,773,434	17.00
17.01	01701	242,388	173,043	415,431	28,617	444,048	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,709	3,764,665	3,766,374	202	3,766,576	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	60,828	60,828	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	774,010	774,010	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	37,810,131	9,237,840	47,047,971	2,015,430	49,063,401	30.00
31.00	03100	16,400,453	3,739,841	20,140,294	901,176	21,041,470	31.00
31.01	03101	914,876	316,680	1,231,556	102,502	1,334,058	31.01
31.02	03102	2,994,577	1,158,429	4,153,006	288,642	4,441,648	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	6,262,734	1,852,608	8,115,342	-80,599	8,034,743	40.00
41.00	04100	1,839,819	471,672	2,311,491	250,719	2,562,210	41.00
43.00	04300	0	0	0	3,607,094	3,607,094	43.00
44.00	04400	2,726,998	417,271	3,144,269	315,248	3,459,517	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,301,484	43,882,701	54,184,185	-30,815,840	23,368,345	50.00
50.01	05001	1,460,663	4,934,325	6,394,988	-2,289,499	4,105,489	50.01
51.00	05100	3,223,454	568,058	3,791,512	1,222,182	5,013,694	51.00
52.00	05200	683,730	119,057	802,787	-722,184	80,603	52.00
54.00	05400	9,293,471	8,671,125	17,964,596	-2,618,604	15,345,992	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	192,475	45,847	238,322	23,171	261,493	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	6,266	36,510	42,776	-1,608	41,168	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	4,286,032	2,749,748	7,035,780	219,837	7,255,617	55.00
56.00	05600	346,444	107,228	453,672	1,512	455,184	56.00
58.00	05800	712,775	339,697	1,052,472	77,672	1,130,144	58.00
60.00	06000	14,485,973	20,720,235	35,206,208	493,488	35,699,696	60.00
60.01	06001	500,798	1,330,571	1,831,369	788,820	2,620,189	60.01
62.00	06200	102	2,813,191	2,813,293	534,320	3,347,613	62.00
62.30	06250	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	5,167,883	841,373	6,009,256	-1,140,603	4,868,653	65.00
65.02	06502	DIALYSIS	33,588	2,274,236	2,307,824	-4,978	2,302,846	65.02
65.03	03330	ENDOSCOPY	2,471,997	5,685,450	8,157,447	-2,853,820	5,303,627	65.03
66.00	06600	PHYSICAL THERAPY	7,146,655	741,766	7,888,421	-3,149,914	4,738,507	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	356,850	-69,041	287,809	2,942,984	3,230,793	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	993,973	993,973	68.00
68.01	06801	NEURO REHAB	1,753,859	451,507	2,205,366	188,835	2,394,201	68.01
69.00	06900	ELECTROCARDIOLOGY	272,048	162,947	434,995	866,258	1,301,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,256	54,739	222,995	326,559	549,554	70.00
70.01	03950	NUTRITION SUPPORT	688,553	165,133	853,686	71,770	925,456	70.01
70.03	03952	CARDIAC CATH LAB	3,698,869	20,367,424	24,066,293	-17,917,479	6,148,814	70.03
70.04	03953	CARDIAC REHA SERVICES	226,647	54,340	280,987	26,900	307,887	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,501,283	47,501,283	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	601,022	1,335,313	1,936,335	-124,280	1,812,055	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,104,213	408,565	1,512,778	-137,560	1,375,218	90.00
90.01	09001	ANTI COAG CLINIC	673,899	366,678	1,040,577	84,150	1,124,727	90.01
91.00	09100	EMERGENCY	10,335,427	4,819,841	15,155,268	630,319	15,785,587	91.00
91.01	09101	PARTIAL HOSPITALIZATION	346,150	43,620	389,770	42,707	432,477	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,120,084	451,521	1,571,605	137,748	1,709,353	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,404,568	4,335,546	5,740,114	263,303	6,003,417	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,824,257	11,665,117	22,489,374	-12,614,085	9,875,289	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	9,942,946	9,942,946	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,725,187	499,540,778	862,265,965	-5,454	862,260,511	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	407	407	0	407	190.00
194.00	07950	NON ALLOWABLE	0	772,760	772,760	0	772,760	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	632	705	1,337	-263	1,074	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	100,707	553,600	654,307	-25,241	629,066	194.05
194.06	07956	STUCKY RESEARCH CTR	3,101,591	1,251,919	4,353,510	34,577	4,388,087	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	16,112	16,112	0	16,112	194.07
194.08	07958	FOUNDATION	0	9,414	9,414	0	9,414	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	67,124	1,725,966	1,793,090	8,080	1,801,170	194.12
194.13	07963	HUNTINGTON ARC	103,286	5,901	109,187	12,194	121,381	194.13
194.14	07964	SENIOR HEALTH SERVICES	86,224	259,130	345,354	10,382	355,736	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	970,536	1,914,832	2,885,368	-365,528	2,519,840	194.15
194.16	07966	FITNESS	0	0	0	215,105	215,105	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,461	3,461	-473	2,988	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	1,890	1,890	0	1,890	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	235,101	638,879	873,980	27,476	901,456	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	2,279,073	2,279,073	0	2,279,073	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	39,394	117,720	157,114	-4,275	152,839	194.28
194.29	07978	OUTPATIENT PHARMACY	841,032	17,117,324	17,958,356	93,420	18,051,776	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	368,270,814	526,209,871	894,480,685	0	894,480,685	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-635,077	19,809,338	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	56,884	24,085,069	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-52,562,973	25,753,823	4.00
5.01	00540	COMMUNICATIONS	-303,499	1,131,470	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	2,399,904	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-110,430,008	176,054,406	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-4,763	8,044,809	7.00
7.01	00701	FACILITY ENGINEERING	-933,394	4,180,502	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,024,584	4,337,589	8.00
9.00	00900	HOUSEKEEPING	0	7,657,676	9.00
10.00	01000	DIETARY	-4,562,601	3,047,638	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	5,129,490	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,114,325	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-571,798	10,957,177	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	15.01
15.02	01502	IV SOLUTIONS	0	2,894,716	15.02
15.03	01503	MED SURG SUPPLY	-211,622	62,812,132	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-912	5,772,522	17.00
17.01	01701	REHAB ADMIN	-363	443,685	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,766,576	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	60,828	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	774,010	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-337,257	48,726,144	30.00
31.00	03100	INTENSIVE CARE UNIT	-20	21,041,450	31.00
31.01	03101	PEDIATRIC ICU	-59,338	1,274,720	31.01
31.02	03102	NEONATAL ICU	-71	4,441,577	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-12,638	8,022,105	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,562,210	41.00
43.00	04300	NURSERY	0	3,607,094	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,459,517	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,148	23,367,197	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	-888,219	3,217,270	50.01
51.00	05100	RECOVERY ROOM	0	5,013,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,603	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-359,832	14,986,160	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-29,330	232,163	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-27,206	13,962	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-750,144	6,505,473	55.00
56.00	05600	RADIOISOTOPE	0	455,184	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,130,144	58.00
60.00	06000	LABORATORY	-15,675,234	20,024,462	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	2,620,189	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-59	3,347,554	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-14,065	4,854,588	65.00
65.02	06502	DIALYSIS	0	2,302,846	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-571,305	4,732,322	65.03
66.00	06600	PHYSICAL THERAPY	-201,521	4,536,986	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	91,567	3,322,360	67.00
68.00	06800	SPEECH PATHOLOGY	0	993,973	68.00
68.01	06801	NEURO REHAB	-197,037	2,197,164	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,301,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-242	549,312	70.00
70.01	03950	NUTRITION SUPPORT	-1,550	923,906	70.01
70.03	03952	CARDIAC CATH LAB	-10,467	6,138,347	70.03
70.04	03953	CARDIAC REHA SERVICES	0	307,887	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-29,722	-29,722	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,501,283	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-7,673	1,804,382	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-671,622	703,596	90.00
90.01	09001	ANTI COAG CLINIC	0	1,124,727	90.01
91.00	09100	EMERGENCY	-1,910,843	13,874,744	91.00
91.01	09101	PARTIAL HOSPITALIZATION	-24,000	408,477	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,709,353	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-433,959	5,569,458	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-378,984	9,496,305	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	9,942,946	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-191,637,461	670,623,050	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	407	190.00
194.00	07950	NON ALLOWABLE	0	772,760	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	1,074	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	194.04
194.05	07955	EDUCARE CTR	0	629,066	194.05
194.06	07956	STUCKY RESEARCH CTR	-92,381	4,295,706	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	16,112	194.07
194.08	07958	FOUNDATION	0	9,414	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,801,170	194.12
194.13	07963	HUNTINGTON ARC	0	121,381	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	355,736	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-21,268	2,498,572	194.15
194.16	07966	FITNESS	0	215,105	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-10,241	-7,253	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	1,890	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-843,686	57,770	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	2,279,073	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	152,839	194.28
194.29	07978	OUTPATIENT PHARMACY	-1,270,420	16,781,356	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	-193,875,457	700,605,228	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
A - DIETARY PERSONNEL						
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	2,314,824	2,814,666	1.00	
	O		2,314,824	2,814,666		
B - PHARMACY SALARIES AND SOLUTIONS						
1.00	IV SOLUTIONS	15.02	159,909	0	1.00	
	O		159,909	0		
C - OTHER A&G						
1.00	PATIENT SERVICES	5.04	92,105	0	1.00	
	O		92,105	0		
D - BLOOD BANK						
1.00	ANATOMICAL PATHOLOGY	60.01	202,986	440,518	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	533,172	2.00	
	O		202,986	973,690		
F - BLOOD BANK LAB ADMIN						
1.00	ANATOMICAL PATHOLOGY	60.01	79,091	17,238	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	1,136	2.00	
	O		79,091	18,374		
I - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,842,448	1.00	
	O		0	23,842,448		
J - MED SURG/IV SUPPLIES						
1.00	IV SOLUTIONS	15.02	0	2,082,347	1.00	
2.00	MED SURG SUPPLY	15.03	0	64,438,322	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
	O		0	66,520,669		
K - OPERATION OF PLANT						
1.00	OPERATION OF PLANT	7.00	0	37,054	1.00	
	O		0	37,054		
L - IV SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	510,597	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	20,155	0	2.00	
3.00	PEDIATRIC ICU	31.01	20,155	0	3.00	
4.00	NEONATAL ICU	31.02	13,437	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	33,592	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0021

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	
6.00	SUBPROVIDER - IRF	41.00	6,718	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	13,437	0	7.00
8.00	EMERGENCY	91.00	53,747	0	8.00
			671,838	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,501,283	1.00
			0	47,501,283	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	453,086	345,573	1.00
			453,086	345,573	
O - FITNESS CENTER					
1.00	FITNESS	194.16	180,319	34,786	1.00
			180,319	34,786	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	475,718	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	185,737	2.00
			0	661,455	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	4,347,369	4,214,889	1.00
			4,347,369	4,214,889	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	674,435	706,253	1.00
			674,435	706,253	
W - RECLASS PTO DOLLARS					
1.00	PATIENT SERVICES	5.04	2,547	0	1.00
2.00	OTHER A&G	5.07	15,103	0	2.00
3.00	OPERATION OF PLANT	7.00	5,464	0	3.00
4.00	FACILITY ENGINEERING	7.01	14,588	0	4.00
5.00	HOUSEKEEPING	9.00	26,897	0	5.00
6.00	DIETARY	10.00	22,280	0	6.00
7.00	NURSING ADMINISTRATION	13.00	10,122	0	7.00
8.00	PHARMACY	15.00	20,997	0	8.00
9.00	IV SOLUTIONS	15.02	2,086	0	9.00
10.00	SOCIAL SERVICE	17.00	7,273	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	143,289	0	11.00
12.00	SUBPROVIDER - IPF	40.00	21,205	0	12.00
13.00	SUBPROVIDER - IRF	41.00	31,835	0	13.00
14.00	SKILLED NURSING FACILITY	44.00	41,399	0	14.00
15.00	OPERATING ROOM	50.00	21,598	0	15.00
16.00	RECOVERY ROOM	51.00	8,722	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	34,743	0	17.00
18.00	RADIOLOGY - NHMP	54.05	2,834	0	18.00
19.00	RADIOISOTOPE	56.00	948	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,458	0	20.00
21.00	RESPIRATORY THERAPY	65.00	19,145	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	5,614	0	22.00
23.00	ENDOSCOPY	65.03	3,739	0	23.00
24.00	PHYSICAL THERAPY	66.00	57,545	0	24.00
25.00	NEURO REHAB	68.01	15,422	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	1,054	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	215	0	27.00
28.00	NUTRITION SUPPORT	70.01	2,559	0	28.00
29.00	CARDIAC CATH LAB	70.03	26	0	29.00
30.00	CARDIAC REHA SERVICES	70.04	1,388	0	30.00
31.00	CLINIC	90.00	2,345	0	31.00
32.00	ANTI COAG CLINIC	90.01	5,579	0	32.00
33.00	EMERGENCY	91.00	60,976	0	33.00
34.00	PARTIAL HOSPITALIZATION	91.01	737	0	34.00
35.00	AMBULANCE SERVICES	95.00	207	0	35.00
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	11,917	0	36.00
37.00	OP CLINIC	194.03	9	0	37.00
38.00	EDUCARE CTR	194.05	2	0	38.00
39.00	GUEST SERVICES	194.12	988	0	39.00
40.00	SENIOR HEALTH SERVICES	194.14	1,271	0	40.00
			628,126	0	
Y - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,132,291	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

RECLASSIFICATIONS

Provider CCN: 15-0021

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	
0			0	4,132,291	
Z - PTO ACCRUAL RECLASS PVHOS					
1.00	PATIENT SERVICES	5.04	172,514	0	1.00
2.00	OTHER A&G	5.07	419,314	0	2.00
3.00	OPERATION OF PLANT	7.00	82,297	0	3.00
4.00	FACILITY ENGINEERING	7.01	247,378	0	4.00
5.00	HOUSEKEEPING	9.00	539,516	0	5.00
6.00	DIETARY	10.00	552,793	0	6.00
7.00	NURSING ADMINISTRATION	13.00	247,305	0	7.00
8.00	PHARMACY	15.00	1,034,504	0	8.00
9.00	IV SOLUTIONS	15.02	105,558	0	9.00
10.00	SOCIAL SERVICE	17.00	330,469	0	10.00
11.00	REHAB ADMIN	17.01	25,611	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	181	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	4,082,285	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	1,848,918	0	14.00
15.00	PEDIATRIC ICU	31.01	96,668	0	15.00
16.00	NEONATAL ICU	31.02	367,848	0	16.00
17.00	SUBPROVIDER - IPF	40.00	152,162	0	17.00
18.00	SUBPROVIDER - IRF	41.00	228,449	0	18.00
19.00	SKILLED NURSING FACILITY	44.00	297,072	0	19.00
20.00	OPERATING ROOM	50.00	1,193,429	0	20.00
21.00	PARKVIEW PREMIER SURGERY	50.01	154,337	0	21.00
22.00	RECOVERY ROOM	51.00	348,446	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	72,244	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	991,277	0	24.00
25.00	RADIOLOGY - NHMP	54.05	20,337	0	25.00
26.00	RADIOLOGY - PULM CLINIC	54.08	662	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	386,071	0	27.00
28.00	RADIOISOTOPE	56.00	36,606	0	28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	75,313	0	29.00
30.00	LABORATORY	60.00	1,642,789	0	30.00
31.00	ANATOMICAL PATHOLOGY	60.01	52,915	0	31.00
32.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	11	0	32.00
33.00	RESPIRATORY THERAPY	65.00	546,049	0	33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	63,505	0	34.00
35.00	DIALYSIS	65.02	3,549	0	35.00
36.00	ENDOSCOPY	65.03	269,056	0	36.00
37.00	PHYSICAL THERAPY	66.00	756,692	0	37.00
38.00	NEURO REHAB	68.01	185,859	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	28,745	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	17,778	0	40.00
41.00	NUTRITION SUPPORT	70.01	72,754	0	41.00
42.00	CARDIAC CATH LAB	70.03	390,830	0	42.00
43.00	CARDIAC REHA SERVICES	70.04	23,948	0	43.00
44.00	CLINIC	90.00	93,540	0	44.00
45.00	ANTI COAG CLINIC	90.01	74,523	0	45.00
46.00	EMERGENCY	91.00	1,013,475	0	46.00
47.00	PARTIAL HOSPITALIZATION	91.01	5,286	0	47.00
48.00	AMBULANCE SERVICES	95.00	256,493	0	48.00
49.00	OBSERVATION BEDS (DISTINCT PART)	92.01	142,018	0	49.00
50.00	OP CLINIC	194.03	67	0	50.00
51.00	EDUCARE CTR	194.05	10,641	0	51.00
52.00	STUCKY RESEARCH CTR	194.06	48,436	0	52.00
53.00	HUNTINGTON ARC	194.13	10,913	0	53.00
54.00	GUEST SERVICES	194.12	7,092	0	54.00
55.00	SENIOR HEALTH SERVICES	194.14	9,111	0	55.00
56.00	MEDICAL OFFICE BUILDINGS	194.23	24,841	0	56.00
57.00	RWJ FOUNDATION	194.28	8,308	0	57.00
58.00	OUTPATIENT PHARMACY	194.29	88,865	0	58.00
0			19,957,653	0	
AA - PTO RECLASS PVN					
1.00	PATIENT SERVICES	5.04	18,103	0	1.00
2.00	OTHER A&G	5.07	36,496	0	2.00
3.00	OPERATION OF PLANT	7.00	5,058	0	3.00
4.00	FACILITY ENGINEERING	7.01	16,749	0	4.00
5.00	HOUSEKEEPING	9.00	40,671	0	5.00
6.00	DIETARY	10.00	46,119	0	6.00
7.00	NURSING ADMINISTRATION	13.00	20,502	0	7.00
8.00	PHARMACY	15.00	103,740	0	8.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	IV SOLUTIONS	15.02	10,633	0		9.00
10.00	SOCIAL SERVICE	17.00	32,663	0		10.00
11.00	REHAB ADMIN	17.01	3,006	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	21	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	358,471	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	217,018	0		14.00
15.00	PEDIATRIC ICU	31.01	11,346	0		15.00
16.00	NEONATAL ICU	31.02	43,176	0		16.00
17.00	OPERATING ROOM	50.00	121,888	0		17.00
18.00	PARKVIEW PREMIER SURGERY	50.01	18,115	0		18.00
19.00	RECOVERY ROOM	51.00	33,553	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	8,480	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	87,088	0		21.00
22.00	RADIOLOGY - PULM CLINIC	54.08	78	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	45,315	0		23.00
24.00	RADIOISOTOPE	56.00	3,498	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,927	0		25.00
26.00	LABORATORY	60.00	192,823	0		26.00
27.00	ANATOMICAL PATHOLOGY	60.01	6,211	0		27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1	0		28.00
29.00	RESPIRATORY THERAPY	65.00	47,967	0		29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	2,725	0		30.00
31.00	DIALYSIS	65.02	417	0		31.00
32.00	ENDOSCOPY	65.03	28,431	0		32.00
33.00	PHYSICAL THERAPY	66.00	40,348	0		33.00
34.00	NEURO REHAB	68.01	8,826	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	2,486	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	1,905	0		36.00
37.00	NUTRITION SUPPORT	70.01	6,384	0		37.00
38.00	CARDIAC CATH LAB	70.03	45,852	0		38.00
39.00	CARDIAC REHA SERVICES	70.04	1,641	0		39.00
40.00	CLINIC	90.00	11,720	0		40.00
41.00	ANTI COAG CLINIC	90.01	4,048	0		41.00
42.00	EMERGENCY	91.00	67,598	0		42.00
43.00	AMBULANCE SERVICES	95.00	29,931	0		43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,632	0		44.00
45.00	EDUCARE CTR	194.05	1,247	0		45.00
46.00	STUCKY RESEARCH CTR	194.06	42,032	0		46.00
47.00	HUNTINGTON ARC	194.13	1,281	0		47.00
48.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	12,190	0		48.00
49.00	RWJ FOUNDATION	194.28	975	0		49.00
50.00	MEDICAL OFFICE BUILDINGS	194.23	2,916	0		50.00
51.00	OUTPATIENT PHARMACY	194.29	7,702	0		51.00
			1,862,003	0		
AB - PTO RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	551	0		1.00
2.00	HOUSEKEEPING	9.00	2,714	0		2.00
3.00	DIETARY	10.00	2,141	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	17,260	0		4.00
5.00	SUBPROVIDER - IPF	40.00	60,560	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	4,335	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	3,597	0		7.00
			91,158	0		
AC - PTO ACCRUAL RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	5,066	0		1.00
2.00	HOUSEKEEPING	9.00	24,967	0		2.00
3.00	DIETARY	10.00	19,694	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	158,768	0		4.00
5.00	SUBPROVIDER - IPF	40.00	557,063	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	39,874	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	33,087	0		7.00
			838,519	0		
AD - PTO RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	154,763	0		1.00
			154,763	0		
AE - PTO ACCRUAL RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	1,335,354	0		1.00
			1,335,354	0		

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AF - PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	60,641	187	1.00	
2.00	PARAMED ED PHARMACY	23.02	747,153	26,857	2.00	
	0		807,794	27,044		
AG - DIABETES CLINIC RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	151,564	1.00	
	0		0	151,564		
AH - CORPORATE ALLOCATION RECLASS						
1.00	OTHER A&G	5.07	0	66,072,071	1.00	
	0		0	66,072,071		
AK - TELEPHONE EXPENSE RECLASS						
1.00	COMMUNICATIONS	5.01	0	1,434,969	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
	0		0	1,434,969		
AM - NEW LIFE CENTER NURSING ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	398,104	69,321	1.00	
2.00	NURSERY	43.00	285,626	49,736	2.00	
	0		683,730	119,057		
AN - OCCUPATIONAL HEALTH						
1.00		0.00	0	0	1.00	
	0		0	0		
AO - CONVERSION TABLE RECLASS						
1.00	RECOVERY ROOM	51.00	476,534	0	1.00	
2.00	OUTPATIENT PHARMACY	194.29	1,316	0	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	2,899,158	0	3.00	
4.00	SPEECH PATHOLOGY	68.00	993,973	0	4.00	
5.00	ELECTROCARDIOLOGY	69.00	836,202	0	5.00	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
6.00	ELECTROENCEPHALOGRAPHY	70.00	309,666	0		6.00
7.00	RECOVERY ROOM	51.00	477,383	0		7.00
	O		5,994,232	0		
AP - NURSERY RECLASS NORTH						
1.00	NURSERY	43.00	2,008,832	494,509		1.00
	O		2,008,832	494,509		
AQ - NURSERY RECLASS PVHOS						
1.00	NURSERY	43.00	659,930	108,461		1.00
	O		659,930	108,461		
AR - BONUS SALARY RECLASS						
1.00	OTHER A&G	5.07	9,344,244	0		1.00
	TOTALS		9,344,244	0		
500.00	Grand Total: Increases		53,542,300	220,211,106		500.00

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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 - DIETARY PERSONNEL							
1.00	DIETARY	10.00	2,314,824	2,814,666	0		1.00
	O		2,314,824	2,814,666			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	159,909	0	0		1.00
	O		159,909	0			
C - OTHER A&G							
1.00	EMERGENCY	91.00	92,105	0	0		1.00
	O		92,105	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	202,986	973,690	0		1.00
2.00		0.00	0	0	0		2.00
	O		202,986	973,690			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	79,091	18,374	0		1.00
2.00		0.00	0	0	0		2.00
	O		79,091	18,374			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,842,448	9		1.00
	O		0	23,842,448			
J - MED SURG/IV SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32	0		1.00
2.00	PATIENT SERVICES	5.04	0	19	0		2.00
3.00	OTHER A&G	5.07	0	1,616	0		3.00
4.00	FACILITY ENGINEERING	7.01	0	144	0		4.00
5.00	PHARMACY	15.00	0	2,056,393	0		5.00
6.00	IV SOLUTIONS	15.02	0	561,806	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,398,476	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,216,675	0		8.00
9.00	PEDIATRIC ICU	31.01	0	25,546	0		9.00
10.00	NEONATAL ICU	31.02	0	135,670	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	25,126	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	15,979	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	36,167	0		13.00
14.00	OPERATING ROOM	50.00	0	31,189,221	0		14.00
15.00	PARKVIEW PREMIER SURGERY	50.01	0	2,461,951	0		15.00
16.00	RECOVERY ROOM	51.00	0	94,571	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,725,392	0		17.00
18.00	RADIOLOGY - PULM CLINIC	54.08	0	2,348	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	205,088	0		19.00
20.00	RADIOISOTOPE	56.00	0	39,076	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,904	0		21.00
22.00	LABORATORY	60.00	0	918	0		22.00
23.00	ANATOMICAL PATHOLOGY	60.01	0	10,018	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	603,715	0		24.00
25.00	DIALYSIS	65.02	0	8,702	0		25.00
26.00	ENDOSCOPY	65.03	0	3,149,717	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	107,802	0		27.00
28.00	NEURO REHAB	68.01	0	20,961	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	1,595	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,567	0		30.00
31.00	NUTRITION SUPPORT	70.01	0	8,035	0		31.00
32.00	CARDIAC CATH LAB	70.03	0	18,328,585	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	195,688	0		33.00
34.00	CLINIC	90.00	0	872	0		34.00
35.00	EMERGENCY	91.00	0	468,426	0		35.00
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	22,678	0		36.00
37.00	AMBULANCE SERVICES	95.00	0	16,996	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	370,035	0		38.00
39.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	566	0		39.00
40.00	MEDICAL OFFICE BUILDINGS	194.23	0	281	0		40.00
41.00	OUTPATIENT PHARMACY	194.29	0	4,312	0		41.00
	O		0	66,520,669			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	37,054	0		1.00
	O		0	37,054			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	671,838	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0	0		5.00
6.00	0.00	0	0	0	0		6.00
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
0		671,838	0				
M - COST OF DRUGS SOLD							
1.00	15.00	0	47,501,283		0		1.00
0		0	47,501,283				
N - PBH ADMIN COSTS							
1.00	40.00	453,086	345,573		0		1.00
0		453,086	345,573				
O - FITNESS CENTER							
1.00	4.00	180,319	34,786		0		1.00
0		180,319	34,786				
S - CAPITAL INSURANCE							
1.00	5.07	0	661,455		9		1.00
2.00	0.00	0	0		9		2.00
0		0	661,455				
T - HOSPICE RECLASS							
1.00	101.00	4,347,369	4,214,889		0		1.00
0		4,347,369	4,214,889				
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	101.00	674,435	706,253		0		1.00
0		674,435	706,253				
W - RECLASS PTO DOLLARS							
1.00	4.00	628,126	0		0		1.00
2.00	0.00	0	0		0		2.00
3.00	0.00	0	0		0		3.00
4.00	0.00	0	0		0		4.00
5.00	0.00	0	0		0		5.00
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
16.00	0.00	0	0		0		16.00
17.00	0.00	0	0		0		17.00
18.00	0.00	0	0		0		18.00
19.00	0.00	0	0		0		19.00
20.00	0.00	0	0		0		20.00
21.00	0.00	0	0		0		21.00
22.00	0.00	0	0		0		22.00
23.00	0.00	0	0		0		23.00
24.00	0.00	0	0		0		24.00
25.00	0.00	0	0		0		25.00
26.00	0.00	0	0		0		26.00
27.00	0.00	0	0		0		27.00
28.00	0.00	0	0		0		28.00
29.00	0.00	0	0		0		29.00
30.00	0.00	0	0		0		30.00
31.00	0.00	0	0		0		31.00
32.00	0.00	0	0		0		32.00
33.00	0.00	0	0		0		33.00
34.00	0.00	0	0		0		34.00
35.00	0.00	0	0		0		35.00
36.00	0.00	0	0		0		36.00
37.00	0.00	0	0		0		37.00
38.00	0.00	0	0		0		38.00
39.00	0.00	0	0		0		39.00
40.00	0.00	0	0		0		40.00
0		628,126	0				
Y - EMPLOYEE BENEFIT RECLASS							
1.00	9.00	0	112		0		1.00
2.00	90.00	0	92,420		0		2.00
3.00	101.00	0	3,609,343		0		3.00
4.00	194.06	0	54,157		0		4.00
5.00	194.15	0	362,701		0		5.00
6.00	194.28	0	13,558		0		6.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
0		0	4,132,291			
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	19,952,554	0	0	1.00
2.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	5,099	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
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
0			19,957,653	0		
AA - PTO RECLASS PVN						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,862,003	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
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

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
45.00		0.00	0	0	0	0		45.00
46.00		0.00	0	0	0	0		46.00
47.00		0.00	0	0	0	0		47.00
48.00		0.00	0	0	0	0		48.00
49.00		0.00	0	0	0	0		49.00
50.00		0.00	0	0	0	0		50.00
51.00		0.00	0	0	0	0		51.00
0			1,862,003	0				
AB - PTO RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	91,158	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			91,158	0				
AC - PTO ACCRUAL RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	838,519	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			838,519	0				
AD - PTO RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	154,763	0	0	0		1.00
0			154,763	0				
AE - PTO ACCRUAL RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,335,354	0	0	0		1.00
0			1,335,354	0				
AF - PARAMEDICAL EDUCATION								
1.00	LABORATORY	60.00	60,641	187	0	0		1.00
2.00	PHARMACY	15.00	747,153	26,857	0	0		2.00
0			807,794	27,044				
AG - DIABETES CLINIC RECLASS								
1.00	CLINIC	90.00	0	151,564	0	0		1.00
0			0	151,564				

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
AH - CORPORATE ALLOCATION RECLASS						
1.00 OTHER A&G	5.07	66,072,071	0	0		1.00
0		66,072,071	0			
AK - TELEPHONE EXPENSE RECLASS						
1.00 PATIENT SERVICES	5.04	0	2,865	0		1.00
2.00 OTHER A&G	5.07	0	1,020,577	0		2.00
3.00 OPERATION OF PLANT	7.00	0	2,233	0		3.00
4.00 FACILITY ENGINEERING	7.01	0	8,025	0		4.00
5.00 HOUSEKEEPING	9.00	0	31,420	0		5.00
6.00 DIETARY	10.00	0	5,975	0		6.00
7.00 NURSING ADMINISTRATION	13.00	0	1,533	0		7.00
8.00 PHARMACY	15.00	0	1,479	0		8.00
9.00 IV SOLUTIONS	15.02	0	368	0		9.00
10.00 SOCIAL SERVICE	17.00	0	940	0		10.00
11.00 ADULTS & PEDIATRICS	30.00	0	2,680	0		11.00
12.00 INTENSIVE CARE UNIT	31.00	0	1,832	0		12.00
13.00 PEDIATRIC ICU	31.01	0	121	0		13.00
14.00 NEONATAL ICU	31.02	0	149	0		14.00
15.00 SUBPROVIDER - IRF	41.00	0	304	0		15.00
16.00 SUBPROVIDER - IPF	40.00	0	47,804	0		16.00
17.00 SKILLED NURSING FACILITY	44.00	0	493	0		17.00
18.00 OPERATING ROOM	50.00	0	9,617	0		18.00
19.00 RECOVERY ROOM	51.00	0	27,885	0		19.00
20.00 DELIVERY ROOM & LABOR ROOM	52.00	0	121	0		20.00
21.00 RADIOLOGY-DIAGNOSTIC	54.00	0	6,320	0		21.00
22.00 RADIOLOGY-THERAPEUTIC	55.00	0	6,461	0		22.00
23.00 RADIOISOTOPE	56.00	0	464	0		23.00
24.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	122	0		24.00
25.00 LABORATORY	60.00	0	6,237	0		25.00
26.00 ANATOMICAL PATHOLOGY	60.01	0	121	0		26.00
27.00 RESPIRATORY THERAPY	65.00	0	4,181	0		27.00
28.00 HYPERBARIC OXYGEN THERAPY	76.98	0	436	0		28.00
29.00 DIALYSIS	65.02	0	242	0		29.00
30.00 ENDOSCOPY	65.03	0	5,329	0		30.00
31.00 PHYSICAL THERAPY	66.00	0	3,566	0		31.00
32.00 OCCUPATIONAL THERAPY	67.00	0	383	0		32.00
33.00 NEURO REHAB	68.01	0	311	0		33.00
34.00 ELECTROCARDIOLOGY	69.00	0	634	0		34.00
35.00 ELECTROENCEPHALOGRAPHY	70.00	0	438	0		35.00
36.00 NUTRITION SUPPORT	70.01	0	1,892	0		36.00
37.00 CARDIAC CATH LAB	70.03	0	25,602	0		37.00
38.00 CARDIAC REHA SERVICES	70.04	0	77	0		38.00
39.00 CLINIC	90.00	0	309	0		39.00
40.00 EMERGENCY	91.00	0	4,946	0		40.00
41.00 OBSERVATION BEDS (DISTINCT PART)	92.01	0	141	0		41.00
42.00 AMBULANCE SERVICES	95.00	0	6,332	0		42.00
43.00 HOME HEALTH AGENCY	101.00	0	181,878	0		43.00
44.00 OP CLINIC	194.03	0	339	0		44.00
45.00 EDUCARE CTR	194.05	0	77	0		45.00
46.00 STUCKY RESEARCH CTR	194.06	0	1,734	0		46.00
47.00 SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	9,352	0		47.00
48.00 BREAST DIAGNOSTIC CTR	194.18	0	473	0		48.00
49.00 OUTPATIENT PHARMACY	194.29	0	151	0		49.00
0		0	1,434,969			
AM - NEW LIFE CENTER NURSING ADMIN						
1.00 DELIVERY ROOM & LABOR ROOM	52.00	683,730	119,057	0		1.00
2.00	0.00	0	0	0		2.00
0		683,730	119,057			
AN - OCCUPATIONAL HEALTH						
1.00	0.00	0	0	0		1.00
0		0	0			
AO - CONVERSION TABLE RECLASS						
1.00 OPERATING ROOM	50.00	476,534	0	0		1.00
2.00 PHARMACY	15.00	1,316	0	0		2.00
3.00 PHYSICAL THERAPY	66.00	2,899,158	0	0		3.00
4.00 PHYSICAL THERAPY	66.00	993,973	0	0		4.00
5.00 RESPIRATORY THERAPY	65.00	836,202	0	0		5.00
6.00 RESPIRATORY THERAPY	65.00	309,666	0	0		6.00
7.00 OPERATING ROOM	50.00	477,383	0	0		7.00
0		5,994,232	0			

RECLASSIFICATIONS

Provider CCN: 15-0021

Period:
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AP - NURSERY RECLASS NORTH						
1.00	ADULTS & PEDIATRICS	30.00	2,008,832	494,509	0		1.00
	O		2,008,832	494,509			
	AQ - NURSERY RECLASS PVHOS						
1.00	ADULTS & PEDIATRICS	30.00	659,930	108,461	0		1.00
	O		659,930	108,461			
	AR - BONUS SALARY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,344,244	0	0		1.00
	TOTALS		9,344,244	0			
500.00	Grand Total: Decreases		119,614,371	154,139,035			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,770,319	0	0	0	1.00
2.00	Land Improvements	66,228,624	1,306,794	0	1,306,794	2.00
3.00	Buildings and Fixtures	726,516,964	22,452,894	0	22,452,894	3.00
4.00	Building Improvements	10,226,585	1,402,940	0	1,402,940	4.00
5.00	Fixed Equipment	18,849,722	0	0	0	5.00
6.00	Movable Equipment	151,232,823	10,126,373	0	10,126,373	6.00
7.00	HIT designated Assets	34,100,792	4,278,052	0	4,278,052	7.00
8.00	Subtotal (sum of lines 1-7)	1,013,925,829	39,567,053	0	39,567,053	8.00
9.00	Reconciling Items	-13,407,371	2,880,451	0	2,880,451	9.00
10.00	Total (line 8 minus line 9)	1,027,333,200	36,686,602	0	36,686,602	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,770,319	0			1.00
2.00	Land Improvements	67,503,714	6,364,122			2.00
3.00	Buildings and Fixtures	748,926,170	104,849,850			3.00
4.00	Building Improvements	11,612,025	981,430			4.00
5.00	Fixed Equipment	18,849,722	1,741,601			5.00
6.00	Movable Equipment	158,135,986	101,083,701			6.00
7.00	HIT designated Assets	38,378,844	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,050,176,780	215,020,704			8.00
9.00	Reconciling Items	-10,526,921	0			9.00
10.00	Total (line 8 minus line 9)	1,060,703,701	215,020,704			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	43,811,145	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	43,811,145	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	43,811,145				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	43,811,145				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	853,661,951	0	853,661,951	0.820469	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	196,514,831	9,720,081	186,794,750	0.179531	0	2.00
3.00	Total (sum of lines 1-2)	1,050,176,782	9,720,081	1,040,456,701	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	19,809,338	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,085,069	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,894,407	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	19,809,338	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,085,069	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	43,894,407	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,786,086	CAP REL COSTS-BLDG & FIXT		1.00	9	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	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)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-303,499	COMMUNICATIONS		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-4,763	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,075,274				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	20,202,100				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-1,024,734	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-1,134,774	OUTPATIENT PHARMACY		194.29	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 9:17 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	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00		0	33.00
37.00 EKG NONPATIENT EXPENSE	A	-29,722	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00		0	37.00
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-117,864	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-5,237	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-32,833	OTHER A&G		5.07		0	37.06
37.09 CAPITAL COST NEW B&F	A	4,376,575	CAP REL COSTS-BLDG & FIXT		1.00		9	37.09
37.10 CAPITAL COST NEW M&E	A	56,884	CAP REL COSTS-MVBLE EQUIP		2.00		9	37.10
38.00 TELEMETRY	A	-149,259	ADULTS & PEDIATRICS		30.00		0	38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A	-52,549,638	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	38.06
38.36 CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT		1.00		9	38.36
38.38 CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT		1.00		9	38.38
39.02 LIQUOR EXPENSE	A	-10,076	OTHER A&G		5.07		0	39.02
39.03 LIQUOR EXPENSE	A	-71	DIETARY		10.00		0	39.03
39.07 TELEPHONE OFFSET	A	0	CAP REL COSTS-BLDG & FIXT		1.00		9	39.07
39.08 TELEPHONE OFFSET	A	0	CAP REL COSTS-MVBLE EQUIP		2.00		9	39.08
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-3,537,410	DIETARY		10.00		0	39.09
40.02 OFFSET LAB SERVICES BILLED	B	-2,169,580	LABORATORY		60.00		0	40.02
40.03 OFFSET LAB SERVICES BILLED	B	-1,996,121	LABORATORY		60.00		0	40.03
40.04 OFFSET LAB SERVICES BILLED	B	-2,307,188	LABORATORY		60.00		0	40.04
40.06 LAB SERVICES BILLED	B	-4,889,513	LABORATORY		60.00		0	40.06
40.07 MISC OPERATING REVENUE	B	-15,936	ADULTS & PEDIATRICS		30.00		0	40.07
40.08 OFFSET OTHER OPERATING REVENUE	B	-558,998	PHARMACY		15.00		0	40.08
40.09 OFFSET OTHER OPERATING REVENUE	B	-542	PHARMACY		15.00		0	40.09
40.10 OFFSET OTHER OPERATING REVENUE	B	-667,754	CLINIC		90.00		0	40.10
40.11 OFFSET LAB SERVICES BILLED NORTH HOS	B	-2,313,429	LABORATORY		60.00		0	40.11
40.12 OFFSET LAB SERVICES BILLED NORTH HOS	B	-10,467	CARDIAC CATH LAB		70.03		0	40.12
40.13 OFFSET LAB SERVICES BILLED AVIL	B	-173,109	LABORATORY		60.00		0	40.13
40.14 OFFSET LAB SERVICES BILLED LAGR	B	-1,126,426	LABORATORY		60.00		0	40.14
40.15 OFFSET OTHER OPERATING REVENUE	B	-2,461	SUBPROVIDER - IPF		40.00		0	40.15
40.16 OFFSET OTHER OPERATING REVENUE	B	-20,000	NEURO REHAB		68.01		0	40.16
40.18 OFFSET OTHER OPERATING REVENUE	B	-24,000	PARTIAL HOSPITALIZATION		91.01		0	40.18
40.19 OFFSET OTHER OPERATING REVENUE	B	-3,655	ADULTS & PEDIATRICS		30.00		0	40.19
41.07 VENDING MACHINES	A	0	OPERATION OF PLANT		7.00		0	41.07
41.08 VENDING MACHINES	A	-11,836	CAP REL COSTS-BLDG & FIXT		1.00		9	41.08
41.09 VENDING MACHINES	A	-170	OTHER A&G		5.07		0	41.09
41.10 VENDING MACHINES	A	-320	OTHER A&G		5.07		0	41.10
42.00 INTERUNIT RENT INCOME OFFSET	B	-26,730	RADIOLOGY - PULM CLINIC		54.08		0	42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-114,337	OTHER A&G		5.07		0	43.00
44.00 FILM DUPLICATION	B	-285	RADIOLOGY-DIAGNOSTIC		54.00		0	44.00
44.01 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-363	REHAB ADMIN		17.01		0	44.01
44.02 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	0	RECOVERY ROOM		51.00		0	44.02
44.03 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-4,869	PARKVIEW PREMIER SURGERY		50.01		0	44.03
46.01 INTEREST EXPENSE	A	-211,622	MED SURG SUPPLY		15.03		0	46.01
47.00 HHA PHYSICIAN OFFSET	A	-7,748	HOME HEALTH AGENCY		101.00		0	47.00
47.01 MEDICAL PARK 11	A	-615,594	MEDICAL OFFICE BUILDINGS		194.23		0	47.01
47.03 HOPD LIBERTY MILLS	A	-111,984	LABORATORY		60.00		0	47.03
47.04 HOPD LIBERTY MILLS	A	-111,984	RADIOLOGY-DIAGNOSTIC		54.00		0	47.04
48.04 OFFSET PULM REHAB REVENUE	B	-12,085	RESPIRATORY THERAPY		65.00		0	48.04
48.15 OFFSET PARK CENTER REVENUE	B	-18,139	SUBPROVIDER - IPF		40.00		0	48.15
49.07 GROSS UP BREAST DIAGNOSTIC EXP	A	-10,241	BREAST DIAGNOSTIC CTR		194.18		0	49.07
49.17 INDIANA SALES TAX DISCOUNT	B	-393,499	OTHER A&G		5.07		0	49.17
49.18 INDIANA SALES TAX DISCOUNT	B	-6,045	EMERGENCY		91.00		0	49.18
49.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00		0	49.19
49.20 INTERUNIT RENT EXPENSE	A	-3,568	CLINIC		90.00		0	49.20
49.21 INTERUNIT RENT EXPENSE	A	-177,037	NEURO REHAB		68.01		0	49.21
49.22 INTERUNIT RENT EXPENSE	A	-569,002	ENDOSCOPY		65.03		0	49.22
49.23 INTERUNIT RENT EXPENSE	A	-168,167	ADULTS & PEDIATRICS		30.00		0	49.23
49.24 INTERUNIT RENT EXPENSE	A	-135,646	OUTPATIENT PHARMACY		194.29		0	49.24

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
49.25	INTERUNIT RENT EXPENSE	A	-21,115	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0 49.25
49.26	INTERUNIT RENT EXPENSE	A	-247,128	RADIOLOGY-DIAGNOSTIC	54.00	0 49.26
49.27	INTERUNIT RENT EXPENSE	A	-883,350	PARKVIEW PREMIER SURGERY	50.01	0 49.27
49.28	INTERUNIT RENT EXPENSE	A	-29,330	RADIOLOGY - NHMP	54.05	0 49.28
49.29	INTERUNIT RENT EXPENSE	A	-12,223	PHARMACY	15.00	0 49.29
49.30	INTERUNIT RENT EXPENSE	A	-110,297	LABORATORY	60.00	0 49.30
49.31	INTERUNIT RENT EXPENSE	A	-201,521	PHYSICAL THERAPY	66.00	0 49.31
49.33	INTERUNIT RENT EXPENSE	A	-361,896	HOME HEALTH AGENCY	101.00	0 49.33
49.34	COMMUNITY BENEFIT	A	-500	OTHER A&G	5.07	0 49.34
49.35	OFFSET DIABETES OTHER REVENUE	B	-7,110	CAP REL COSTS-BLDG & FIXT	1.00	9 49.35
49.36	OFFSET ONCOLOGY RENT INCME	B	-49,012	RADIOLOGY-THERAPEUTIC	55.00	0 49.36
49.38	OFFSET NUTRITION CLASS REVENUE	B	-1,550	NUTRITION SUPPORT	70.01	0 49.38
49.43	INTERUNIT RENT EXPENSE	A	-664,286	RADIOLOGY-THERAPEUTIC	55.00	0 49.43
49.44	INTERUNIT RENT EXPENSE	A	-613,425	OTHER A&G	5.07	0 49.44
49.45	INTERUNIT RENT EXPENSE	A	-88,005	STUCKY RESEARCH CTR	194.06	0 49.45
49.46	INTERUNIT RENT EXPENSE	A	-200,892	MEDICAL OFFICE BUILDINGS	194.23	0 49.46
49.47	OFFSET RADIOLOGY REVENUE	B	-15,263	EMERGENCY	91.00	0 49.47
49.56	ONCOLOGY OTHER REVENUE	B	-44	RADIOLOGY-THERAPEUTIC	55.00	0 49.56
49.63	A&G OTHER REVENUE	B	-66,650	OTHER A&G	5.07	0 49.63
49.69	ADMINISTRATION PHYSICIAN ADD BACK	A	2,018,971	OTHER A&G	5.07	0 49.69
49.71	REMOVE PPG SUBSIDY	A	-153	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0 49.71
49.72	REMOVE PPG SUBSIDY	A	-433,959	AMBULANCE SERVICES	95.00	0 49.72
49.73	REMOVE PPG SUBSIDY	A	91,567	OCCUPATIONAL THERAPY	67.00	0 49.73
49.74	REMOVE PPG SUBSIDY	A		HYPERBARIC OXYGEN THERAPY	76.98	0 49.74
49.75	REMOVE PPG SUBSIDY	A		DELIVERY ROOM & LABOR ROOM	52.00	0 49.75
49.76	REMOVE PPG SUBSIDY	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.76
49.77	REMOVE PPG SUBSIDY	A	-71	NEONATAL ICU	31.02	0 49.77
49.78	REMOVE PPG SUBSIDY	A	36,679	SUBPROVIDER - IPF	40.00	0 49.78
49.79	REMOVE PPG SUBSIDY	A	-130,713,822	OTHER A&G	5.07	0 49.79
49.80	REMOVE PPG SUBSIDY	A	-386	DIETARY	10.00	0 49.80
49.81	REMOVE PPG SUBSIDY	A	-35	PHARMACY	15.00	0 49.81
49.82	REMOVE PPG SUBSIDY	A	-5	FACILITY ENGINEERING	7.01	0 49.82
49.83	REMOVE PPG SUBSIDY	A	-240	ADULTS & PEDIATRICS	30.00	0 49.83
49.84	REMOVE PPG SUBSIDY	A	-20	INTENSIVE CARE UNIT	31.00	0 49.84
49.85	REMOVE PPG SUBSIDY	A	-1,148	OPERATING ROOM	50.00	0 49.85
49.86	REMOVE PPG SUBSIDY	A	-435	RADIOLOGY-DIAGNOSTIC	54.00	0 49.86
49.87	REMOVE PPG SUBSIDY	A	-476	RADIOLOGY - PULM CLINIC	54.08	0 49.87
49.88	REMOVE PPG SUBSIDY	A	-9,100	RADIOLOGY-THERAPEUTIC	55.00	0 49.88
49.89	REMOVE PPG SUBSIDY	A	-5,191	LABORATORY	60.00	0 49.89
49.90	REMOVE PPG SUBSIDY	A	-59	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0 49.90
49.91	REMOVE PPG SUBSIDY	A	-433	RESPIRATORY THERAPY	65.00	0 49.91
49.92	REMOVE PPG SUBSIDY	A	-2,303	ENDOSCOPY	65.03	0 49.92
49.93	REMOVE PPG SUBSIDY	A		PHYSICAL THERAPY	66.00	0 49.93
49.94	REMOVE PPG SUBSIDY	A	-242	ELECTROENCEPHALOGRAPHY	70.00	0 49.94
49.95	REMOVE PPG SUBSIDY	A	-300	CLINIC	90.00	0 49.95
49.96	REMOVE PPG SUBSIDY	A	-251	EMERGENCY	91.00	0 49.96
49.97	REMOVE PPG SUBSIDY	A	-9,340	HOME HEALTH AGENCY	101.00	0 49.97
49.98	REMOVE PPG SUBSIDY	A	-4,376	STUCKY RESEARCH CTR	194.06	0 49.98
49.99	REMOVE PPG SUBSIDY	A	-14	MEDICAL OFFICE BUILDINGS	194.23	0 49.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-193,875,457			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: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 9:17 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	56,033 1.00
2.00	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	933,389 2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	3,620,220	2,719,518 3.00
4.00	0.00			0	0 4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	4,487,653	4,377,887 4.04
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	149,298,358	129,214,000 4.06
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0 4.07
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	0	27,186 4.09
4.11	0.00			0	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			157,530,113	137,328,013 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	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 9:17 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	-56,033	9		1.00
2.00	-933,389	0		2.00
3.00	900,702	0		3.00
4.00	0	0		4.00
4.04	109,766	0		4.04
4.06	20,084,358	0		4.06
4.07	123,882	0		4.07
4.09	-27,186	0		4.09
4.11	0	0		4.11
5.00	20,202,100			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	LAUNDRY		6.00
7.00	HOME OFFICE		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: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 9:17 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	5.07	DR. A	16,627	0	16,627	179,000	74	1.00
2.00	5.07	DR. B	231,274	0	231,274	179,000	832	2.00
3.00	5.07	DR. C	93,861	0	93,861	179,000	240	3.00
4.00	5.07	DR. D	215,255	0	215,255	179,000	832	4.00
5.00	5.07	DR. E	103,158	0	103,158	179,000	636	5.00
6.00	31.01	DR. F	60,480	58,487	1,993	169,700	14	6.00
7.00	5.07	AGGREGATE-OTHER A&G	19,980	6,890	13,090	171,400	76	7.00
8.00	40.00	DR. G	59,226	0	59,226	181,300	373	8.00
9.00	40.00	DR. H	9,150	0	9,150	181,300	82	9.00
10.00	55.00	DR. I	66,003	0	66,003	271,900	293	10.00
11.00	5.07	AGGREGATE-OTHER A&G	174,324	111,707	62,617	271,900	272	11.00
12.00	60.00	AGGREGATE-LABORATORY	658,930	472,396	186,534	260,300	3,800	12.00
13.00	17.00	DR. J	1,966	0	1,966	181,300	14	13.00
14.00	17.00	DR. K	119	0	119	181,300	1	14.00
15.00	17.00	DR. L	657	0	657	181,300	6	15.00
16.00	65.00	DR. M	5,592	0	5,592	179,000	47	16.00
17.00	76.98	DR. N	18,000	0	18,000	179,000	120	17.00
18.00	91.00	DR. O	230,773	0	230,773	179,000	1,248	18.00
19.00	91.00	AGGREGATE-EMERGENCY	33,192	0	33,192	179,000	182	19.00
20.00	91.00	DR. P	66,228	0	66,228	179,000	372	20.00
21.00	91.00	DR. Q	28,595	0	28,595	179,000	204	21.00
22.00	91.00	AGGREGATE-EMERGENCY	1,703,128	1,703,128	0	179,000	0	22.00
200.00			3,796,518	2,352,608	1,443,910		9,718	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	5.07	DR. A	6,368	318	0	0	0	1.00
2.00	5.07	DR. B	71,600	3,580	0	0	0	2.00
3.00	5.07	DR. C	20,654	1,033	0	0	0	3.00
4.00	5.07	DR. D	71,600	3,580	0	0	0	4.00
5.00	5.07	DR. E	54,733	2,737	0	0	0	5.00
6.00	31.01	DR. F	1,142	57	0	0	0	6.00
7.00	5.07	AGGREGATE-OTHER A&G	6,263	313	0	0	0	7.00
8.00	40.00	DR. G	32,512	1,626	0	0	0	8.00
9.00	40.00	DR. H	7,147	357	0	0	0	9.00
10.00	55.00	DR. I	38,301	1,915	0	0	0	10.00
11.00	5.07	AGGREGATE-OTHER A&G	35,556	1,778	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	475,548	23,777	0	0	0	12.00
13.00	17.00	DR. J	1,220	61	0	0	0	13.00
14.00	17.00	DR. K	87	4	0	0	0	14.00
15.00	17.00	DR. L	523	26	0	0	0	15.00
16.00	65.00	DR. M	4,045	202	0	0	0	16.00
17.00	76.98	DR. N	10,327	516	0	0	0	17.00
18.00	91.00	DR. O	107,400	5,370	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	15,663	783	0	0	0	19.00
20.00	91.00	DR. P	32,013	1,601	0	0	0	20.00
21.00	91.00	DR. Q	17,556	878	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	22.00
200.00			1,010,258	50,512	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	5.07	DR. A	0	6,368	10,259	10,259		1.00
2.00	5.07	DR. B	0	71,600	159,674	159,674		2.00
3.00	5.07	DR. C	0	20,654	73,207	73,207		3.00
4.00	5.07	DR. D	0	71,600	143,655	143,655		4.00
5.00	5.07	DR. E	0	54,733	48,425	48,425		5.00
6.00	31.01	DR. F	0	1,142	851	59,338		6.00
7.00	5.07	AGGREGATE-OTHER A&G	0	6,263	6,827	13,717		7.00
8.00	40.00	DR. G	0	32,512	26,714	26,714		8.00
9.00	40.00	DR. H	0	7,147	2,003	2,003		9.00
10.00	55.00	DR. I	0	38,301	27,702	27,702		10.00
11.00	5.07	AGGREGATE-OTHER A&G	0	35,556	27,061	138,768		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	475,548	0	472,396		12.00
13.00	17.00	DR. J	0	1,220	746	746		13.00
14.00	17.00	DR. K	0	87	32	32		14.00
15.00	17.00	DR. L	0	523	134	134		15.00
16.00	65.00	DR. M	0	4,045	1,547	1,547		16.00
17.00	76.98	DR. N	0	10,327	7,673	7,673		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 9:17 am

	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		
18.00	91.00	DR. O	0	107,400	123,373	123,373		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	15,663	17,529	17,529		19.00
20.00	91.00	DR. P	0	32,013	34,215	34,215		20.00
21.00	91.00	DR. Q	0	17,556	11,039	11,039		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,703,128		22.00
200.00			0	1,010,258	722,666	3,075,274		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	19,809,338	19,809,338			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	24,085,069		24,085,069		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,753,823	467,621	10,644	26,232,088	4.00
5.01 00540	COMMUNICATIONS	1,131,470	0	0	0	1,131,470 5.01
5.02 00550	DATA PROCESSING	0	136,860	0	0	223,467 5.02
5.03 00560	MATERIALS MANAGEMENT	0	66,700	0	0	19,351 5.03
5.04 00570	PATIENT SERVICES	2,399,904	112,926	12,677	166,643	64,151 5.04
5.05 00580	PATIENT ACCOUNTING	0	4,885	0	0	39,144 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	176,054,406	1,506,760	1,213,928	6,683,797	130,510 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,273	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	8,044,809	1,761,780	121,842	75,737	6,097 7.00
7.01 00701	FACILITY ENGINEERING	4,180,502	1,439,070	607,820	232,060	30,485 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	4,337,589	21,476	0	0	16,347 8.00
9.00 00900	HOUSEKEEPING	7,657,676	360,602	70,017	517,273	7,246 9.00
10.00 01000	DIETARY	3,047,638	668,560	724,006	335,052	9,808 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	5,129,490	0	0	201,123	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,114,325	53,319	72,668	227,505	2,297 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	152,407	0	0	7,864 14.00
15.00 01500	PHARMACY	10,957,177	201,113	2,226,551	862,724	19,793 15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0 15.01
15.02 01502	IV SOLUTIONS	2,894,716	0	22,169	52,597	0 15.02
15.03 01503	MED SURG SUPPLY	62,812,132	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	154,920	0	0	2,474 16.00
17.00 01700	SOCIAL SERVICE	5,772,522	85,391	12,277	303,924	8,659 17.00
17.01 01701	REHAB ADMIN	443,685	0	0	23,546	5,213 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,766,576	0	0	166	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	60,828	2,894	0	5,269	0 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	774,010	3,264	0	64,916	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,726,144	2,798,698	1,569,474	3,585,156	194,219 30.00
31.00 03100	INTENSIVE CARE UNIT	21,041,450	937,255	1,564,160	1,609,122	32,871 31.00
31.01 03101	PEDIATRIC ICU	1,274,720	67,386	97,934	90,625	2,474 31.01
31.02 03102	NEONATAL ICU	4,441,577	231,695	346,923	297,063	20,500 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	8,022,105	571,104	63,921	573,496	9,190 40.00
41.00 04100	SUBPROVIDER - IRF	2,562,210	240,746	2,253	183,051	12,459 41.00
43.00 04300	NURSERY	3,607,094	50,632	0	256,692	177 43.00
44.00 04400	SKILLED NURSING FACILITY	3,459,517	290,355	8,256	267,511	6,185 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,367,197	1,338,589	5,211,973	928,321	24,211 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	3,217,270	193,117	260,028	141,893	2,474 50.01
51.00 05100	RECOVERY ROOM	5,013,694	620,072	136,336	396,899	15,021 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	80,603	288,169	0	7,014	11,752 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,986,160	445,852	2,610,001	904,176	23,416 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	232,163	32,387	13,679	18,736	0 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	2,916 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	13,962	69,453	25,385	609	795 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	6,505,473	540,697	657,231	409,873	26,067 55.00
56.00 05600	RADIOISOTOPE	455,184	66,363	5,382	33,668	795 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,130,144	173,839	185,355	69,288	2,739 58.00
60.00 06000	LABORATORY	20,024,462	527,664	1,574,095	1,388,324	18,468 60.00
60.01 06001	ANATOMICAL PATHOLOGY	2,620,189	14,883	135,087	73,157	1,502 60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,347,554	0	0	10	530	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,854,588	149,959	369,089	402,727	9,455	65.00
65.02	06502	DIALYSIS	2,302,846	43,843	15,379	3,263	795	65.02
65.03	03330	ENDOSCOPY	4,732,322	333,459	986,857	240,951	1,944	65.03
66.00	06600	PHYSICAL THERAPY	4,536,986	327,921	53,552	356,933	2,474	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,322,360	14,839	0	286,739	177	67.00
68.00	06800	SPEECH PATHOLOGY	993,973	0	0	86,361	177	68.00
68.01	06801	NEURO REHAB	2,197,164	85,652	24,921	170,639	2,739	68.01
69.00	06900	ELECTROCARDIOLOGY	1,301,253	0	39,526	99,095	619	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	549,312	16,036	53,584	43,253	177	70.00
70.01	03950	NUTRITION SUPPORT	923,906	0	677	66,923	1,679	70.01
70.03	03952	CARDIAC CATH LAB	6,138,347	325,930	1,251,411	359,320	23,239	70.03
70.04	03953	CARDIAC REHA SERVICES	307,887	33,084	35,116	22,036	2,297	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-29,722	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,501,283	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,804,382	38,806	29,256	58,462	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	703,596	17,200	0	105,289	1,502	90.00
90.01	09001	ANTI COAG CLINIC	1,124,727	36,250	2,221	65,863	1,767	90.01
91.00	09100	EMERGENCY	13,874,744	744,954	719,948	993,888	30,927	91.00
91.01	09101	PARTIAL HOSPITALIZATION	408,477	10,662	0	33,786	353	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,709,353	47,118	31,722	111,269	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,569,458	72,086	671,207	146,940	2,474	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,496,305	191,550	54,771	633,615	15,198	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	9,942,946	0	0	436,319	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	670,623,050	19,190,126	23,901,309	25,710,687	1,099,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	407	46,454	362	0	1,149	190.00
194.00	07950	NON ALLOWABLE	772,760	0	0	0	6,185	194.00
194.01	07951	TELEVISION	0	0	0	0	353	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,074	0	0	62	619	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	629,066	174,862	2,898	9,783	177	194.05
194.06	07956	STUCKY RESEARCH CTR	4,295,706	12,304	154,412	277,342	353	194.06
194.07	07957	OCCUPATIONAL HEALTH	16,112	0	0	0	0	194.07
194.08	07958	FOUNDATION	9,414	41,972	0	0	2,916	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,801,170	0	0	6,534	0	194.12
194.13	07963	HUNTINGTON ARC	121,381	0	0	10,033	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	355,736	50,871	172	8,394	353	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,498,572	2,002	4,973	84,941	972	194.15
194.16	07966	FITNESS	215,105	11,010	0	15,667	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-7,253	40,906	0	0	1,149	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	1,890	106,236	2,345	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	57,770	69,496	14,720	22,838	353	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,279,073	0	0	0	17,054	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	152,839	0	0	4,229	0	194.28
194.29 07978 OUTPATIENT PHARMACY	16,781,356	63,099	3,878	81,578	177	194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	700,605,228	19,809,338	24,085,069	26,232,088	1,131,470	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	360,327					5.02
5.03	00560	0	86,051				5.03
5.04	00570	2,781	65	2,759,147			5.04
5.05	00580	0	0	0	44,029		5.05
5.06	00591	0	0	0	0	0	5.06
5.07	00590	4,948	707	0	0	0	5.07
5.08	00592	0	0	0	0	0	5.08
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,409	109	0	0	0	7.00
7.01	00701	4,876	354	0	0	0	7.01
8.00	00800	0	580	0	0	0	8.00
9.00	00900	19,177	761	0	0	0	9.00
10.00	01000	19,503	688	0	0	0	10.00
10.01	01001	0	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,311	23	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	11,160	558	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	1,409	186	0	0	0	15.02
15.03	01503	0	50,810	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	4,514	13	0	0	0	17.00
17.01	01701	397	2	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,449	3,077	401,414	3,335	0	30.00
31.00	03100	27,340	1,494	158,794	1,319	0	31.00
31.01	03101	1,228	39	7,522	62	0	31.01
31.02	03102	4,659	348	52,481	436	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	11,051	437	45,477	378	0	40.00
41.00	04100	3,467	87	16,400	136	0	41.00
43.00	04300	0	0	9,310	77	0	43.00
44.00	04400	5,526	147	12,633	105	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	18,419	4,904	404,165	5,591	0	50.00
50.01	05001	2,456	371	445	743	0	50.01
51.00	05100	4,948	256	48,021	1,153	0	51.00
52.00	05200	1,372	13	6,328	53	0	52.00
54.00	05400	14,771	3,700	249,695	4,847	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	470	3	14	18	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	2	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	4,226	102	5,235	1,264	0	55.00
56.00	05600	433	42	7,185	95	0	56.00
58.00	05800	939	63	21,463	348	0	58.00
60.00	06000	30,084	9,835	183,015	3,396	0	60.00
60.01	06001	1,120	683	10,136	167	0	60.01
62.00	06200	0	0	16,339	155	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	7,873	163	54,455	506	0	65.00
65.02	06502	144	17	8,892	80	0	65.02
65.03	03330	4,370	876	37,824	1,515	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
66.00	06600	PHYSICAL THERAPY	10,546	56	24,745	291	0
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	650	2	22,501	192	0
68.00	06800	SPEECH PATHOLOGY	0	0	7,873	71	0
68.01	06801	NEURO REHAB	2,709	35	20	150	0
69.00	06900	ELECTROCARDIOLOGY	903	125	14,253	457	0
70.00	07000	ELECTROENCEPHALOGRAPHY	289	39	5,486	80	0
70.01	03950	NUTRITION SUPPORT	1,300	110	672	7	0
70.03	03952	CARDIAC CATH LAB	4,876	289	116,992	2,034	0
70.04	03953	CARDIAC REHA SERVICES	470	33	1	27	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	152,975	2,181	0
71.01	07101	COST OF SOLUTIONS	0	0	90,710	948	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	173,986	2,288	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	260,792	4,815	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	939	56	10,634	192	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,734	14	334	26	0
90.01	09001	ANTI COAG CLINIC	722	219	26	51	0
91.00	09100	EMERGENCY	19,069	1,359	117,510	2,914	0
91.01	09101	PARTIAL HOSPITALIZATION	578	4	0	28	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,950	136	2,394	818	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,022	984	0	208	0
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	17,444	792	0	293	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	179	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	353,031	85,768	2,759,147	44,029	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	NON ALLOWABLE	0	0	0	0	0
194.01	07951	TELEVISION	0	0	0	0	0
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0
194.03	07953	OP CLINIC	0	0	0	0	0
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0
194.05	07955	EDUCARE CTR	144	42	0	0	0
194.06	07956	STUCKY RESEARCH CTR	3,648	71	0	0	0
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0
194.08	07958	FOUNDATION	0	0	0	0	0
194.09	07959	LV HEALTH PLAN	0	0	0	0	0
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0
194.12	07962	GUEST SERVICES	253	42	0	0	0
194.13	07963	HUNTINGTON ARC	144	5	0	0	0
194.14	07964	SENIOR HEALTH SERVICES	181	16	0	0	0
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,228	30	0	0	0
194.16	07966	FITNESS	0	0	0	0	0
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0
194.18	07968	BREAST DIAGNOSTIC CTR	0	4	0	0	0
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	1	0	0	0
194.22	07972	EBT	0	0	0	0	0
194.23	07973	MEDICAL OFFICE BUILDINGS	470	37	0	0	0
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0
194.26	07976	ISH	0	0	0	0	0
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0
194.28	07979	RWJ FOUNDATION	72	1	0	0	0
194.29	07978	OUTPATIENT PHARMACY	1,156	34	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	360,327	86,051	2,759,147	44,029	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	185,595,056	185,595,056				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,273	459	1,732			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	10,011,783	3,607,966	0	0	13,619,749	7.00
7.01	00701	FACILITY ENGINEERING	6,495,167	2,340,676	0	0	1,244,388	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,375,992	1,576,985	0	0	18,570	8.00
9.00	00900	HOUSEKEEPING	8,632,752	3,111,002	0	0	311,819	9.00
10.00	01000	DIETARY	4,805,255	1,731,679	0	0	578,115	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	5,330,613	1,921,004	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,472,448	1,251,373	0	0	46,106	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,271	57,757	0	0	131,789	14.00
15.00	01500	PHARMACY	14,279,076	5,145,779	0	0	173,906	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	2,971,077	1,070,693	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	62,862,942	22,653,856	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	157,394	56,720	0	0	133,962	16.00
17.00	01700	SOCIAL SERVICE	6,187,300	2,229,730	0	0	73,839	17.00
17.01	01701	REHAB ADMIN	472,843	170,399	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,766,742	1,357,428	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	68,991	24,862	0	0	2,502	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	842,190	303,502	0	0	2,822	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,350,966	20,667,682	0	0	2,420,083	30.00
31.00	03100	INTENSIVE CARE UNIT	25,373,805	9,144,009	0	0	810,460	31.00
31.01	03101	PEDIATRIC ICU	1,541,990	555,690	0	0	58,270	31.01
31.02	03102	NEONATAL ICU	5,395,682	1,944,453	0	0	200,350	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	9,297,159	3,350,436	0	0	493,843	40.00
41.00	04100	SUBPROVIDER - I RF	3,020,809	1,088,615	0	0	208,177	41.00
43.00	04300	NURSERY	3,923,982	1,414,093	0	0	43,782	43.00
44.00	04400	SKILLED NURSING FACILITY	4,050,235	1,459,591	0	0	251,075	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,303,370	11,280,858	0	0	1,157,500	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	3,818,797	1,376,188	1,732	0	166,991	50.01
51.00	05100	RECOVERY ROOM	6,236,400	2,247,424	0	0	536,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,304	142,456	0	0	249,184	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,242,618	6,934,501	0	0	385,536	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	297,470	107,200	0	0	28,006	54.05
54.06	05406	RADIOLOGY - CMP	2,916	1,051	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	110,206	39,715	0	0	60,057	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	8,150,168	2,937,092	0	0	467,550	55.00
56.00	05600	RADIOISOTOPE	569,147	205,105	0	0	57,385	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,584,178	570,893	0	0	150,321	58.00
60.00	06000	LABORATORY	23,759,343	8,562,202	0	0	456,280	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,856,924	1,029,555	0	0	12,869	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,364,588	1,212,503	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,848,815	2,107,749	0	0	129,672	65.00
65.02	06502	DIALYSIS	2,375,259	855,977	0	0	37,912	65.02
65.03	03330	ENDOSCOPY	6,340,118	2,284,801	0	0	288,347	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	5,313,504	1,914,838	0	0	283,559	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,647,460	1,314,442	0	0	12,832	67.00
68.00	06800	SPEECH PATHOLOGY	1,088,455	392,249	0	0	0	68.00
68.01	06801	NEURO REHAB	2,484,029	895,174	0	0	74,065	68.01
69.00	06900	ELECTROCARDIOLOGY	1,456,231	524,785	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	668,256	240,821	0	0	13,867	70.00
70.01	03950	NUTRITION SUPPORT	995,274	358,669	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	8,222,438	2,963,136	0	0	281,837	70.03
70.04	03953	CARDIAC REHA SERVICES	400,951	144,492	0	0	28,608	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	125,434	45,203	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	91,658	33,031	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,274	63,524	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,766,890	17,213,850	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,942,727	700,104	0	0	33,556	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	829,695	298,999	0	0	14,873	90.00
90.01	09001	ANTI COAG CLINIC	1,231,846	443,923	0	0	31,346	90.01
91.00	09100	EMERGENCY	16,505,313	5,948,053	0	0	644,174	91.00
91.01	09101	PARTIAL HOSPITALIZATION	453,888	163,569	0	0	9,219	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,904,760	686,422	0	0	40,744	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,465,379	2,329,942	0	0	62,334	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,409,968	3,751,461	0	0	165,637	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,379,444	3,740,461	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	669,259,288	174,298,857	1,732	0	13,084,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,372	17,432	0	0	40,170	190.00
194.00	07950	NON ALLOWABLE	778,945	280,710	0	0	0	194.00
194.01	07951	TELEVISION	353	127	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,755	632	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	816,972	294,414	0	0	151,206	194.05
194.06	07956	STUCKY RESEARCH CTR	4,743,836	1,709,546	0	0	10,640	194.06
194.07	07957	OCCUPATIONAL HEALTH	16,112	5,806	0	0	0	194.07
194.08	07958	FOUNDATION	54,302	19,569	0	0	36,294	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,807,999	651,552	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	131,563	47,412	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	415,723	149,815	0	0	43,989	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,592,718	934,343	0	0	1,731	194.15
194.16	07966	FITNESS	241,782	87,131	0	0	9,520	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	34,806	12,543	0	0	35,372	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	110,472	39,811	0	0	91,864	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	165,684	59,708	0	0	60,095	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,296,127	827,460	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	157,141	56,629	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	16,931,278	6,101,559	0	0	54,563	194.29
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)	700,605,228	185,595,056	1,732	0	13,619,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	10,080,231					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	15,126	5,986,673				8.00
9.00	00900	HOUSEKEEPING	253,989	1,197	12,310,759			9.00
10.00	01000	DIETARY	470,898	0	590,872	8,176,819		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	7,251,617	10.01
10.02	01002	CAFETERIA	0	0	0	2,773,196	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	156,683	210,268	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	37,555	0	47,123	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	107,347	0	134,697	0	0	14.00
15.00	01500	PHARMACY	141,653	0	177,743	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	109,117	0	136,918	0	0	16.00
17.00	01700	SOCIAL SERVICE	60,145	0	75,468	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,038	0	2,558	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	2,299	0	2,885	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,971,255	2,459,325	2,473,484	2,689,664	3,609,507	30.00
31.00	03100	INTENSIVE CARE UNIT	660,152	684,875	828,344	727,141	975,817	31.00
31.01	03101	PEDIATRIC ICU	47,463	44,900	59,555	31,686	42,522	31.01
31.02	03102	NEONATAL ICU	163,193	38,913	204,771	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	402,255	155,055	504,741	1,235,624	1,658,197	40.00
41.00	04100	SUBPROVIDER - IRF	169,569	93,392	212,771	190,427	255,551	41.00
43.00	04300	NURSERY	35,662	0	44,748	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	204,511	135,299	256,615	372,398	499,755	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	942,831	162,239	1,183,042	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	136,021	0	170,676	0	0	50.01
51.00	05100	RECOVERY ROOM	436,745	173,614	548,018	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	202,971	371,174	254,683	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	314,034	225,099	394,043	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	22,812	0	28,624	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	48,919	0	61,382	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	380,838	0	477,867	0	0	55.00
56.00	05600	RADIOISOTOPE	46,743	0	58,652	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	122,443	10,177	153,638	0	0	58.00
60.00	06000	LABORATORY	371,658	0	466,348	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	10,483	0	13,153	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	105,623	21,552	132,533	0	0	65.00
65.02	06502	DIALYSIS	30,881	7,783	38,749	0	0	65.02
65.03	03330	ENDOSCOPY	234,871	52,084	294,710	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	230,970	0	289,816	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	10,452	0	13,115	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	60,329	32,927	75,699	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,993	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	11,295	0	14,173	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	229,568	312,504	288,057	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	23,302	3,592	29,239	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	27,333	17,960	34,297	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	12,115	0	15,201	0	0	90.00
90.01	09001 ANTI COAG CLINIC	25,532	0	32,037	0	0	90.01
91.00	09100 EMERGENCY	524,706	930,928	658,389	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	7,509	0	9,423	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	33,187	46,097	41,643	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	50,773	0	63,709	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	134,918	599	169,292	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	9,644,089	5,984,278	11,763,501	8,176,819	7,251,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,720	0	41,056	0	0	190.00
194.00	07950 NON ALLOWABLE	0	2,395	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	123,163	0	154,542	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	8,667	0	10,875	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	29,563	0	37,095	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	35,831	0	44,960	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	1,410	0	1,769	0	0	194.15
194.16	07966 FITNESS	7,755	0	9,730	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	28,812	0	36,152	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	74,827	0	93,891	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	48,950	0	61,421	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	44,444	0	55,767	0	0	194.29
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)	10,080,231	5,986,673	12,310,759	8,176,819	7,251,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	2,773,196					10.02
10.03	01003	PREADMITS AND ER	89,403	456,354				10.03
11.00	01100	CAFETERIA	2,683,793	0	2,683,793			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,854,605	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	116,553	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	14,314	0	45,798	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	47,030	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	4,090	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	456,354	681,938	0	2,181,955	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	286,271	0	915,963	31.00
31.01	03101	PEDIATRIC ICU	0	0	13,291	0	42,527	31.01
31.02	03102	NEONATAL ICU	0	0	49,075	0	157,022	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	115,531	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	35,784	0	0	41.00
43.00	04300	NURSERY	0	0	43,963	0	140,666	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	58,277	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	193,233	0	513,594	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	52,142	0	166,836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,314	0	45,798	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	138,024	0	9,814	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	23,515	0	13,085	55.00
56.00	05600	RADIOISOTOPE	0	0	4,090	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	9,202	0	0	58.00
60.00	06000	LABORATORY	0	0	125,755	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	11,246	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	81,792	0	0	65.00
65.02	06502	DIALYSIS	0	0	1,022	0	3,271	65.02
65.03	03330	ENDOSCOPY	0	0	46,008	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600 PHYSICAL THERAPY	0	0	110,419	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	7,157	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	28,627	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	9,202	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	3,067	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	13,291	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	51,120	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	5,112	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	10,224	0	32,713	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	18,403	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	22,899	90.01
91.00	09100 EMERGENCY	0	0	171,763	0	523,408	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	6,134	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	44,985	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,773,196	456,354	2,645,964	0	4,815,349	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	2,045	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	2,045	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	2,045	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	1,022	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	2,045	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	12,269	0	39,256	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	5,112	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	1,022	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	0	10,224	0	0	194.29
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)	2,773,196	456,354	2,683,793	0	4,854,605	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	591,861					14.00
15.00	01500	PHARMACY	0	20,034,710				15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0			15.01
15.02	01502	I V SOLUTIONS	0	0	0	4,101,882		15.02
15.03	01503	MED SURG SUPPLY	551,379	0	0	0	86,068,177	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,870	7,149	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	511	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	10	0	0	0	31.01
31.02	03102	NEONATAL ICU	29	286	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	22	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	3	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	27	38	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,048	1,237	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	51	221	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	53	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9	2,926	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	2	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4	0	0	0	58.00
60.00	06000	LABORATORY	0	395	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	49	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,200	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	210	49	0	0	0	65.00
65.02	06502	DIALYSIS	0	300	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY		
		14.00	15.00	15.01	15.02	15.03		
65.03	03330	ENDOSCOPY	24	285	0	0	65.03	
66.00	06600	PHYSICAL THERAPY	0	384	0	0	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	06801	NEURO REHAB	0	212	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	4	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01	
70.03	03952	CARDIAC CATH LAB	0	39	0	0	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,596,750	71.00	
71.01	07101	COST OF SOLUTIONS	0	0	4,101,882	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	44,471,427	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,008,870	0	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	25	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	ANTICOAG CLINIC	0	928	0	0	90.01	
91.00	09100	EMERGENCY	212	155	0	0	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,275	0	0	95.00	
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	0	717,856	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	591,861	14,749,499	0	4,101,882	86,068,177	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00	
194.01	07951	TELEVISION	0	0	0	0	194.01	
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02	
194.03	07953	OP CLINIC	0	0	0	0	194.03	
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04	
194.05	07955	EDUCARE CTR	0	0	0	0	194.05	
194.06	07956	STUCKY RESEARCH CTR	0	600	0	0	194.06	
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07	
194.08	07958	FOUNDATION	0	0	0	0	194.08	
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09	
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10	
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11	
194.12	07962	GUEST SERVICES	0	0	0	0	194.12	
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13	
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14	
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	3,367	0	0	194.15	
194.16	07966	FITNESS	0	0	0	0	194.16	
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17	
194.18	07968	BREAST DIAGNOSTIC CTR	0	53	0	0	194.18	
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19	
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20	
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21	
194.22	07972	EBT	0	0	0	0	194.22	
194.23	07973	MEDICAL OFFICE BUILDINGS	0	1,020	0	0	194.23	
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24	
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25	
194.26	07976	ISH	0	0	0	0	194.26	
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27	
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28	
194.29	07978	OUTPATIENT PHARMACY	0	5,280,171	0	0	194.29	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	591,861	20,034,710	0	4,101,882	86,068,177	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	594,111					16.00
17.00	01700	SOCIAL SERVICE	0	8,673,512				17.00
17.01	01701	REHAB ADMIN	0	0	647,332			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,569	4,291,655	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	682	1,633,222	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	151	632,299	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	151	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	28,483	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	113,990	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	19,087	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	183,899	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	833	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,272	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,468	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,331	0	0	0	0	65.00
65.02	06502	DIALYSIS	303	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	65,061	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	6,211	0	228,249	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	190,251	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	190,639	0	68.00
68.01	06801	NEURO REHAB	5,226	0	9,710	0	68.01
69.00	06900	ELECTROCARDIOLOGY	12,573	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	985	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	78,392	297,501	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,439	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	151	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	303	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2,424	0	0	0	90.01
91.00	09100	EMERGENCY	3,560	1,818,835	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,439	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,681	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,195	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	25,070	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	587,446	8,673,512	647,332	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	6,665	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	594,111	8,673,512	647,332	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	5,124,170					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			100,951			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					1,153,698	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,020,698	0	0	0	412	30.00
31.00 03100 INTENSIVE CARE UNIT	669,729	0	0	0	29	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	1	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	16	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	1	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	245,448	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	2	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	383,288	0	0	0	71	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	13	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	3	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	73,788	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	168	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	100,951	0	23	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	357	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:
From 01/01/2017
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
65.00 06500 RESPIRATORY THERAPY	2,050	0	0	0	0	3 65.00
65.02 06502 DIALYSIS	0	0	0	0	0	17 65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	16 65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	22 66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	0 66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0 68.00
68.01 06801 NEURO REHAB	0	0	0	0	0	12 68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0 70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	0 70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	2 70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	0 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0 71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	0 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	806,697 73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	1 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	0 90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	53 90.01
91.00 09100 EMERGENCY	729,169	0	0	0	0	9 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	1 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	73 95.00
99.10 09910 CORF	0	0	0	0	0	0 99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0 99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0 99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	41,338 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		5,124,170	0	100,951	0 849,343 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	0 194.00
194.01 07951 TELEVISION	0	0	0	0	0	0 194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	0 194.02
194.03 07953 OP CLINIC	0	0	0	0	0	0 194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	0 194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	0 194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	35 194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.07
194.08 07958 FOUNDATION	0	0	0	0	0	0 194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	0 194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	0 194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	0 194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	0 194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	0 194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	0 194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194 194.15
194.16 07966 FITNESS	0	0	0	0	0	0 194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	0 194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	3 194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	0 194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	0 194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0 194.21
194.22 07972 EBT	0	0	0	0	0	0 194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	59 194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	0 194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	0 194.25
194.26 07976 ISH	0	0	0	0	0	0 194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	0 194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	0 194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	304,064 194.29
200.00	Cross Foot Adjustments		0	0	0	0 200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,124,170	0	100,951	0	1,153,698	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:
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To 12/31/2017

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	104,318,566	-3,020,698	101,297,868	30.00
31.00	03100	INTENSIVE CARE UNIT	42,711,010	-669,729	42,041,281	31.00
31.01	03101	PEDIATRIC ICU	3,070,355	0	3,070,355	31.01
31.02	03102	NEONATAL ICU	8,153,790	0	8,153,790	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	17,213,015	0	17,213,015	40.00
41.00	04100	SUBPROVIDER - I RF	5,303,581	0	5,303,581	41.00
43.00	04300	NURSERY	5,892,344	-245,448	5,646,896	43.00
44.00	04400	SKILLED NURSING FACILITY	7,287,823	0	7,287,823	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,271,301	-383,288	46,888,013	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,670,690	0	5,670,690	50.01
51.00	05100	RECOVERY ROOM	10,416,508	0	10,416,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,749,674	-73,788	1,675,886	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,830,671	0	27,830,671	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	484,945	0	484,945	54.05
54.06	05406	RADIOLOGY - CMP	3,967	0	3,967	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	320,281	0	320,281	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	12,450,115	0	12,450,115	55.00
56.00	05600	RADIOISOTOPE	943,394	0	943,394	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,610,324	0	2,610,324	58.00
60.00	06000	LABORATORY	33,842,955	0	33,842,955	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,934,282	0	3,934,282	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,583,648	0	4,583,648	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2017

Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	8,438,379	-2,050	8,436,329	65.00
65.02	06502	DIALYSIS	3,351,474	0	3,351,474	65.02
65.03	03330	ENDOSCOPY	9,606,325	0	9,606,325	65.03
66.00	06600	PHYSICAL THERAPY	8,377,972	0	8,377,972	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,195,709	0	5,195,709	67.00
68.00	06800	SPEECH PATHOLOGY	1,671,343	0	1,671,343	68.00
68.01	06801	NEURO REHAB	3,666,010	0	3,666,010	68.01
69.00	06900	ELECTROCARDIOLOGY	2,005,788	0	2,005,788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	952,464	0	952,464	70.00
70.01	03950	NUTRITION SUPPORT	1,367,234	0	1,367,234	70.01
70.03	03952	CARDIAC CATH LAB	12,724,594	0	12,724,594	70.03
70.04	03953	CARDIAC REHA SERVICES	636,735	0	636,735	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,767,387	0	41,767,387	71.00
71.01	07101	COST OF SOLUTIONS	4,226,571	0	4,226,571	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,711,225	0	44,711,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,796,307	0	79,796,307	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,799,091	0	2,799,091	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,189,589	0	1,189,589	90.00
90.01	09001	ANTI COAG CLINIC	1,790,988	0	1,790,988	90.01
91.00	09100	EMERGENCY	28,458,674	-729,169	27,729,505	91.00
91.01	09101	PARTIAL HOSPITALIZATION	651,181	0	651,181	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,758,546	0	2,758,546	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,025,665	0	9,025,665	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,416,139	0	15,416,139	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	14,119,905	0	14,119,905	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	650,768,534	-5,124,170	645,644,364	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179,750	0	179,750	190.00
194.00	07950	NON ALLOWABLE	1,062,050	0	1,062,050	194.00
194.01	07951	TELEVISION	480	0	480	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	2,387	0	2,387	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,542,342	0	1,542,342	194.05
194.06	07956	STUCKY RESEARCH CTR	6,486,244	0	6,486,244	194.06
194.07	07957	OCCUPATIONAL HEALTH	21,918	0	21,918	194.07
194.08	07958	FOUNDATION	176,823	0	176,823	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	2,461,596	0	2,461,596	194.12
194.13	07963	HUNTINGTON ARC	179,997	0	179,997	194.13
194.14	07964	SENIOR HEALTH SERVICES	692,363	0	692,363	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,587,057	0	3,587,057	194.15
194.16	07966	FITNESS	355,918	0	355,918	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	147,741	0	147,741	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	410,865	0	410,865	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	402,049	0	402,049	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	3,130,252	0	3,130,252	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	214,792	0	214,792	194.28
194.29	07978	OUTPATIENT PHARMACY	28,782,070	0	28,782,070	194.29
200.00		Cross Foot Adjustments	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	700,605,228	-5,124,170	695,481,058		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	467,621	10,644	478,265	478,265
5.01 00540	COMMUNICATIONS	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	136,860	0	136,860	5.02
5.03 00560	MATERIALS MANAGEMENT	0	66,700	0	66,700	5.03
5.04 00570	PATIENT SERVICES	0	112,926	12,677	125,603	3,038
5.05 00580	PATIENT ACCOUNTING	0	4,885	0	4,885	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	20,499,726	1,506,760	1,213,928	23,220,414	121,878
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,273	0	1,273	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,761,780	121,842	1,883,622	1,381
7.01 00701	FACILITY ENGINEERING	0	1,439,070	607,820	2,046,890	4,231
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,476	0	21,476	8.00
9.00 00900	HOUSEKEEPING	0	360,602	70,017	430,619	9,430
10.00 01000	DIETARY	0	668,560	724,006	1,392,566	6,108
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	3,667
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	53,319	72,668	125,987	4,148
14.00 01400	CENTRAL SERVICES & SUPPLY	0	152,407	0	152,407	14.00
15.00 01500	PHARMACY	0	201,113	2,226,551	2,427,664	15,728
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02 01502	IV SOLUTIONS	0	0	22,169	22,169	959
15.03 01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	154,920	0	154,920	16.00
17.00 01700	SOCIAL SERVICE	0	85,391	12,277	97,668	5,541
17.01 01701	REHAB ADMIN	0	0	0	0	429
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	3
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	2,894	0	2,894	96
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	0	3,264	0	3,264	1,183
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,798,698	1,569,474	4,368,172	65,361
31.00 03100	INTENSIVE CARE UNIT	0	937,255	1,564,160	2,501,415	29,336
31.01 03101	PEDIATRIC ICU	0	67,386	97,934	165,320	1,652
31.02 03102	NEONATAL ICU	0	231,695	346,923	578,618	5,416
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	0	571,104	63,921	635,025	10,455
41.00 04100	SUBPROVIDER - I RF	0	240,746	2,253	242,999	3,337
43.00 04300	NURSERY	0	50,632	0	50,632	4,680
44.00 04400	SKILLED NURSING FACILITY	0	290,355	8,256	298,611	4,877
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,338,589	5,211,973	6,550,562	16,924
50.01 05001	PARKVIEW PREMIER SURGERY	0	193,117	260,028	453,145	2,587
51.00 05100	RECOVERY ROOM	0	620,072	136,336	756,408	7,236
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	288,169	0	288,169	128
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	445,852	2,610,001	3,055,853	16,484
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	32,387	13,679	46,066	342
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	69,453	25,385	94,838	11
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	540,697	657,231	1,197,928	7,472
56.00 05600	RADIOISOTOPE	0	66,363	5,382	71,745	614
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	173,839	185,355	359,194	1,263
60.00 06000	LABORATORY	0	527,664	1,574,095	2,101,759	25,311
60.01 06001	ANATOMICAL PATHOLOGY	0	14,883	135,087	149,970	1,334
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP					
				0	1.00	2.00				2A
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	0	149,959	369,089	519,048	7,342	65.00		
65.02	06502	DIALYSIS	0	43,843	15,379	59,222	59	65.02		
65.03	03330	ENDOSCOPY	0	333,459	986,857	1,320,316	4,393	65.03		
66.00	06600	PHYSICAL THERAPY	0	327,921	53,552	381,473	6,507	66.00		
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01		
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02		
67.00	06700	OCCUPATIONAL THERAPY	0	14,839	0	14,839	5,228	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,574	68.00		
68.01	06801	NEURO REHAB	0	85,652	24,921	110,573	3,111	68.01		
69.00	06900	ELECTROCARDIOLOGY	0	0	39,526	39,526	1,807	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,036	53,584	69,620	789	70.00		
70.01	03950	NUTRITION SUPPORT	0	0	677	677	1,220	70.01		
70.03	03952	CARDIAC CATH LAB	0	325,930	1,251,411	1,577,341	6,551	70.03		
70.04	03953	CARDIAC REHA SERVICES	0	33,084	35,116	68,200	402	70.04		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00		
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	38,806	29,256	68,062	1,066	76.98		
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	17,200	0	17,200	1,920	90.00		
90.01	09001	ANTI COAG CLINIC	0	36,250	2,221	38,471	1,201	90.01		
91.00	09100	EMERGENCY	0	744,954	719,948	1,464,902	18,120	91.00		
91.01	09101	PARTIAL HOSPITALIZATION	0	10,662	0	10,662	616	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	47,118	31,722	78,840	2,029	92.01		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	72,086	671,207	743,293	2,679	95.00		
99.10	09910	CORF	0	0	0	0	0	99.10		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20		
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30		
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40		
101.00	10100	HOME HEALTH AGENCY	0	191,550	54,771	246,321	11,551	101.00		
SPECIAL PURPOSE COST CENTERS										
116.00	11600	HOSPICE	0	0	0	0	7,955	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,499,726	19,190,126	23,901,309	63,591,161	468,760	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,454	362	46,816	0	190.00		
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00		
194.01	07951	TELEVISION	0	0	0	0	0	194.01		
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02		
194.03	07953	OP CLINIC	0	0	0	0	1	194.03		
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04		
194.05	07955	EDUCARE CTR	0	174,862	2,898	177,760	178	194.05		
194.06	07956	STUCKY RESEARCH CTR	0	12,304	154,412	166,716	5,056	194.06		
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07		
194.08	07958	FOUNDATION	0	41,972	0	41,972	0	194.08		
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09		
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10		
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11		
194.12	07962	GUEST SERVICES	0	0	0	0	119	194.12		
194.13	07963	HUNTINGTON ARC	0	0	0	0	183	194.13		
194.14	07964	SENIOR HEALTH SERVICES	0	50,871	172	51,043	153	194.14		
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	2,002	4,973	6,975	1,549	194.15		
194.16	07966	FITNESS	0	11,010	0	11,010	286	194.16		
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17		
194.18	07968	BREAST DIAGNOSTIC CTR	0	40,906	0	40,906	0	194.18		
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19		
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20		
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	106,236	2,345	108,581	0	194.21		
194.22	07972	EBT	0	0	0	0	0	194.22		
194.23	07973	MEDICAL OFFICE BUILDINGS	0	69,496	14,720	84,216	416	194.23		
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24		
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25		
194.26	07976	ISH	0	0	0	0	0	194.26		
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27		
194.28	07979	RWJ FOUNDATION	0	0	0	0	77	194.28		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.29 07978 OUTPATIENT PHARMACY	0	63,099	3,878	66,977	1,487	194.29
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	20,499,726	19,809,338	24,085,069	64,394,133	478,265	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	136,860				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	66,700			5.03
5.04	00570	PATIENT SERVICES	0	1,056	50	129,747		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	4,885	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	1,879	548	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	535	84	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	1,852	275	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	450	0	0	8.00
9.00	00900	HOUSEKEEPING	0	7,284	590	0	0	9.00
10.00	01000	DIETARY	0	7,407	534	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	878	18	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,239	433	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	535	144	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	39,368	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,715	10	0	0	17.00
17.01	01701	REHAB ADMIN	0	151	1	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	26,379	2,387	18,820	476	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,384	1,159	7,445	188	31.00
31.01	03101	PEDIATRIC ICU	0	466	30	353	9	31.01
31.02	03102	NEONATAL ICU	0	1,770	270	2,461	62	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	4,198	339	2,132	54	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,317	67	769	19	41.00
43.00	04300	NURSERY	0	0	0	436	11	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,099	114	592	15	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,996	3,804	19,336	799	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	933	288	21	106	50.01
51.00	05100	RECOVERY ROOM	0	1,879	199	2,251	165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	521	10	297	8	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,610	2,870	11,707	-712	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	178	2	1	3	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	2	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,605	79	245	181	55.00
56.00	05600	RADIOISOTOPE	0	165	33	337	14	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	357	49	1,006	50	58.00
60.00	06000	LABORATORY	0	11,427	7,630	8,581	485	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	425	530	475	24	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	766	22	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,990	126	2,553	72	65.00
65.02	06502	DIALYSIS	0	55	13	417	11	65.02
65.03	03330	ENDOSCOPY	0	1,660	679	1,773	216	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
66.00	06600 PHYSICAL THERAPY	0	4,006	43	1,160	42	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	247	1	1,055	27	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	369	10	68.00
68.01	06801 NEURO REHAB	0	1,029	27	1	21	68.01
69.00	06900 ELECTROCARDIOLOGY	0	343	97	668	65	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	110	30	257	11	70.00
70.01	03950 NUTRITION SUPPORT	0	494	85	32	1	70.01
70.03	03952 CARDIAC CATH LAB	0	1,852	224	5,485	291	70.03
70.04	03953 CARDIAC REHA SERVICES	0	178	25	0	4	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,172	312	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	4,253	135	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,157	327	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	12,227	688	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	357	43	499	27	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	658	11	16	4	90.00
90.01	09001 ANTI COAG CLINIC	0	274	170	1	7	90.01
91.00	09100 EMERGENCY	0	7,243	1,054	5,509	416	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	219	3	0	4	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	741	105	112	117	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	768	763	0	30	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	6,626	614	0	42	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	26	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	134,090	66,480	129,747	4,885	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	55	33	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	1,385	55	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	96	33	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	55	4	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	69	12	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	466	23	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	3	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	1	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	178	29	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	27	1	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	439	26	0	0	194.29
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	136,860	66,700	129,747	4,885	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	23,344,719				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	58	1,331			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	453,824	0	0	2,339,446	7.00
7.01	00701	FACILITY ENGINEERING	0	294,419	0	0	213,747	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,359	0	0	3,190	8.00
9.00	00900	HOUSEKEEPING	0	391,314	0	0	53,561	9.00
10.00	01000	DIETARY	0	217,817	0	0	99,302	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	241,631	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	157,403	0	0	7,920	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,265	0	0	22,637	14.00
15.00	01500	PHARMACY	0	647,256	0	0	29,872	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	134,676	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	2,849,337	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,135	0	0	23,010	16.00
17.00	01700	SOCIAL SERVICE	0	280,464	0	0	12,683	17.00
17.01	01701	REHAB ADMIN	0	21,434	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	170,743	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	3,127	0	0	430	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	38,176	0	0	485	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,599,662	0	0	415,692	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,150,169	0	0	139,212	31.00
31.01	03101	PEDIATRIC ICU	0	69,897	0	0	10,009	31.01
31.02	03102	NEONATAL ICU	0	244,581	0	0	34,414	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	421,431	0	0	84,827	40.00
41.00	04100	SUBPROVIDER - IRF	0	136,930	0	0	35,758	41.00
43.00	04300	NURSERY	0	177,870	0	0	7,520	43.00
44.00	04400	SKILLED NURSING FACILITY	0	183,593	0	0	43,127	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,418,950	0	0	198,822	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	173,102	1,331	0	28,684	50.01
51.00	05100	RECOVERY ROOM	0	282,690	0	0	92,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,919	0	0	42,802	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	872,249	0	0	66,223	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	13,484	0	0	4,811	54.05
54.06	05406	RADIOLOGY - CMP	0	132	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	4,996	0	0	10,316	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	369,439	0	0	80,310	55.00
56.00	05600	RADIOISOTOPE	0	25,799	0	0	9,857	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	71,809	0	0	25,821	58.00
60.00	06000	LABORATORY	0	1,076,987	0	0	78,375	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	129,502	0	0	2,211	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	152,513	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	265,121	0	0	22,274	65.00
65.02	06502	DIALYSIS	0	107,668	0	0	6,512	65.02
65.03	03330	ENDOSCOPY	0	287,391	0	0	49,529	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	0	240,856	0	0	48,707	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	165,336	0	0	2,204	67.00
68.00	06800	SPEECH PATHOLOGY	0	49,339	0	0	0	68.00
68.01	06801	NEURO REHAB	0	112,599	0	0	12,722	68.01
69.00	06900	ELECTROCARDIOLOGY	0	66,009	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,291	0	0	2,382	70.00
70.01	03950	NUTRITION SUPPORT	0	45,115	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	372,715	0	0	48,411	70.03
70.04	03953	CARDIAC REHA SERVICES	0	18,175	0	0	4,914	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,686	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	4,155	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,990	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,165,225	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	88,062	0	0	5,764	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	37,609	0	0	2,555	90.00
90.01	09001	ANTI COAG CLINIC	0	55,838	0	0	5,384	90.01
91.00	09100	EMERGENCY	0	748,169	0	0	110,649	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	20,574	0	0	1,584	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	86,341	0	0	6,998	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	293,069	0	0	10,707	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	471,873	0	0	28,451	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	470,490	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,923,838	1,331	0	2,247,475	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,193	0	0	6,900	190.00
194.00	07950	NON ALLOWABLE	0	35,309	0	0	0	194.00
194.01	07951	TELEVISION	0	16	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	80	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	37,033	0	0	25,972	194.05
194.06	07956	STUCKY RESEARCH CTR	0	215,033	0	0	1,828	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	730	0	0	0	194.07
194.08	07958	FOUNDATION	0	2,461	0	0	6,234	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	81,955	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	5,964	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	18,844	0	0	7,556	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	117,525	0	0	297	194.15
194.16	07966	FITNESS	0	10,960	0	0	1,635	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	1,578	0	0	6,076	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	5,008	0	0	15,779	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	7,510	0	0	10,322	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	104,081	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	7,123	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	767,478	0	0	9,372	194.29
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	23,344,719	1,331	0	2,339,446	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	2,561,414					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,844	227,319				8.00
9.00	00900	HOUSEKEEPING	64,539	45	957,382			9.00
10.00	01000	DIETARY	119,656	0	45,951	1,889,341		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	245,298	10.01
10.02	01002	CAFETERIA	0	0	0	640,776	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	36,203	7,113	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,543	0	3,665	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,277	0	10,475	0	0	14.00
15.00	01500	PHARMACY	35,994	0	13,823	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	27,727	0	10,648	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,283	0	5,869	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	518	0	199	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	584	0	224	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	500,905	93,384	192,355	621,476	122,098	30.00
31.00	03100	INTENSIVE CARE UNIT	167,747	26,005	64,419	168,014	33,009	31.00
31.01	03101	PEDIATRIC ICU	12,060	1,705	4,632	7,321	1,438	31.01
31.02	03102	NEONATAL ICU	41,468	1,478	15,925	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	102,214	5,888	39,253	285,504	56,091	40.00
41.00	04100	SUBPROVIDER - IRF	43,088	3,546	16,547	44,000	8,644	41.00
43.00	04300	NURSERY	9,062	0	3,480	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	51,967	5,137	19,956	86,047	16,905	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	239,576	6,160	92,003	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	34,563	0	13,273	0	0	50.01
51.00	05100	RECOVERY ROOM	110,978	6,592	42,618	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,575	14,094	19,806	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,797	8,547	30,644	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	5,797	0	2,226	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	12,430	0	4,774	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	96,772	0	37,163	0	0	55.00
56.00	05600	RADIOISOTOPE	11,877	0	4,561	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31,113	386	11,948	0	0	58.00
60.00	06000	LABORATORY	94,439	0	36,267	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,664	0	1,023	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	26,839	818	10,307	0	0	65.00
65.02	06502	DIALYSIS	7,847	296	3,013	0	0	65.02
65.03	03330	ENDOSCOPY	59,681	1,978	22,919	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	58,690	0	22,538	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	2,656	0	1,020	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	15,330	1,250	5,887	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	114	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,870	0	1,102	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	58,334	11,866	22,402	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	5,921	136	2,274	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	6,945	682	2,667	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,078	0	1,182	0	0	90.00
90.01	09001 ANTI COAG CLINIC	6,488	0	2,491	0	0	90.01
91.00	09100 EMERGENCY	133,329	35,348	51,201	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	1,908	0	733	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	8,433	1,750	3,238	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	12,902	0	4,955	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	34,283	23	13,165	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,450,591	227,228	914,821	1,889,341	245,298	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,314	0	3,193	0	0	190.00
194.00	07950 NON ALLOWABLE	0	91	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	31,296	0	12,018	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	2,202	0	846	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	7,512	0	2,885	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	9,105	0	3,496	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	358	0	138	0	0	194.15
194.16	07966 FITNESS	1,970	0	757	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	7,321	0	2,812	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	19,014	0	7,302	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	12,438	0	4,777	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	11,293	0	4,337	0	0	194.29
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)	2,561,414	227,319	957,382	1,889,341	245,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002	640,776					10.02
10.03	01003	20,658	63,974				10.03
11.00	01100	620,118	0	620,118			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	309,562	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	26,931	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	0	3,307	0	2,920	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	10,867	0	0	17.00
17.01	01701	0	0	945	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	63,974	157,573	0	139,136	30.00
31.00	03100	0	0	66,146	0	58,408	31.00
31.01	03101	0	0	3,071	0	2,712	31.01
31.02	03102	0	0	11,339	0	10,013	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	26,695	0	0	40.00
41.00	04100	0	0	8,268	0	0	41.00
43.00	04300	0	0	10,158	0	8,970	43.00
44.00	04400	0	0	13,465	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	44,648	0	32,750	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	12,048	0	10,639	51.00
52.00	05200	0	0	3,307	0	2,920	52.00
54.00	05400	0	0	31,892	0	626	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	5,433	0	834	55.00
56.00	05600	0	0	945	0	0	56.00
58.00	05800	0	0	2,126	0	0	58.00
60.00	06000	0	0	29,057	0	0	60.00
60.01	06001	0	0	2,599	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	18,899	0	0	65.00
65.02	06502	0	0	236	0	209	65.02
65.03	03330	0	0	10,631	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		10.02	10.03	11.00	12.00	13.00		
66.00	06600	PHYSICAL THERAPY	0	0	25,513	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,654	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	6,615	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	2,126	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	709	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	3,071	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	11,812	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	1,181	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	2,362	0	2,086	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	4,252	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	1,460	90.01
91.00	09100	EMERGENCY	0	0	39,688	0	33,376	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	1,417	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	10,394	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	640,776	63,974	611,380	0	307,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	472	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	472	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	472	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	236	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	472	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	2,835	0	2,503	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	1,181	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	236	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	2,362	0	0	194.29
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)	640,776	63,974	620,118	0	309,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 9:17 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY
			14.00	15.00	15.01	15.02	15.03
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	220,061				14.00
15.00	01500	PHARMACY	0	3,201,940			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	0	164,710	15.02
15.03	01503	MED SURG SUPPLY	205,009	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,439	1,142	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	82	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	2	0	0	31.01
31.02	03102	NEONATAL ICU	11	46	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	4	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10	6	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,403	198	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	19	35	0	0	50.01
51.00	05100	RECOVERY ROOM	0	8	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	468	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1	0	0	58.00
60.00	06000	LABORATORY	0	63	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	8	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	991	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	78	8	0	0	65.00
65.02	06502	DIALYSIS	0	48	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	9	46	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	61	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	34	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	6	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	164,710	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,238,887	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	0	148	0	0	90.01
91.00	09100	EMERGENCY	79	25	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	204	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	114,728	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,061	2,357,257	0	164,710	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	96	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	538	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	8	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	163	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	843,878	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	220,061	3,201,940	0	164,710	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	223,440					16.00
17.00	01700	SOCIAL SERVICE	0	430,100				17.00
17.01	01701	REHAB ADMIN	0	0	22,960			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,249	212,814	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	256	80,988	0	0		31.00
31.01	03101	PEDIATRIC ICU	57	31,354	0	0		31.01
31.02	03102	NEONATAL ICU	0	0	0	0		31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	57	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	1,010	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,871	0	0	0		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	7,178	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,163	0	0	0		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0		54.04
54.05	05405	RADIOLOGY - NHMP	313	0	0	0		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	855	0	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,561	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	3,133	0	0	0		65.00
65.02	06502	DIALYSIS	114	0	0	0		65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	24,469	0	0		65.03
66.00	06600	PHYSICAL THERAPY	2,336	0	8,096		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,748		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,762		68.00
68.01	06801	NEURO REHAB	1,965	0	344		68.01
69.00	06900	ELECTROCARDIOLOGY	4,729	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	370	0	0		70.00
70.01	03950	NUTRITION SUPPORT	0	0	0		70.01
70.03	03952	CARDIAC CATH LAB	29,482	14,752	0		70.03
70.04	03953	CARDIAC REHA SERVICES	541	0	0		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101	COST OF SOLUTIONS	0	0	0		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	57	0	0		76.98
76.99	07699	LITHOTRIpsy	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	114	0	0		90.00
90.01	09001	ANTICOAG CLINIC	912	0	0		90.01
91.00	09100	EMERGENCY	1,339	90,192	0		91.00
91.01	09101	PARTIAL HOSPITALIZATION	541	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,136	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,706	0	0		95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	9,429	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,933	430,100	22,960	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07950	NON ALLOWABLE	0	0	0		194.00
194.01	07951	TELEVISION	0	0	0		194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0		194.02
194.03	07953	OP CLINIC	0	0	0		194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0		194.04
194.05	07955	EDUCARE CTR	0	0	0		194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0		194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0		194.07
194.08	07958	FOUNDATION	0	0	0		194.08
194.09	07959	LV HEALTH PLAN	0	0	0		194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0		194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0		194.11
194.12	07962	GUEST SERVICES	0	0	0		194.12
194.13	07963	HUNTINGTON ARC	0	0	0		194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0		194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0		194.15
194.16	07966	FITNESS	0	0	0		194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0		194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0		194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0		194.19
194.20	07970	START-UP COSTS NORTH	0	0	0		194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0		194.21
194.22	07972	EBT	0	0	0		194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0		194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0		194.24
194.25	07975	PREMIER SURGERY CENTER	2,507	0	0		194.25
194.26	07976	ISH	0	0	0		194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0		194.27
194.28	07979	RWJ FOUNDATION	0	0	0		194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0		194.29
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	223,440	430,100	22,960	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	170,746				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			7,264		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					43,916
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	PARKVIEW PREMIER SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
65.00 06500 RESPIRATORY THERAPY						65.00
65.02 06502 DIALYSIS						65.02
65.03 03330 ENDOSCOPY						65.03
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 TRANSITIONAL THERAPY						66.01
66.02 03650 PV REHAB OUTREACH						66.02
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
68.01 06801 NEURO REHAB						68.01
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
70.01 03950 NUTRITION SUPPORT						70.01
70.03 03952 CARDIAC CATH LAB						70.03
70.04 03953 CARDIAC REHA SERVICES						70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
71.01 07101 COST OF SOLUTIONS						71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 ANTI COAG CLINIC						90.01
91.00 09100 EMERGENCY						91.00
91.01 09101 PARTIAL HOSPITALIZATION						91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
99.10 09910 CORF						99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE						116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 NON ALLOWABLE						194.00
194.01 07951 TELEVISION						194.01
194.02 07952 PHYSICIAN PRACTICES						194.02
194.03 07953 OP CLINIC						194.03
194.04 07954 PHYS. ANSWERING SERVICE						194.04
194.05 07955 EDUCARE CTR						194.05
194.06 07956 STUCKY RESEARCH CTR						194.06
194.07 07957 OCCUPATIONAL HEALTH						194.07
194.08 07958 FOUNDATION						194.08
194.09 07959 LV HEALTH PLAN						194.09
194.10 07960 PV RESPIRATORY OUTREACH						194.10
194.11 07961 OUTREACH TRANSCRIPTION						194.11
194.12 07962 GUEST SERVICES						194.12
194.13 07963 HUNTINGTON ARC						194.13
194.14 07964 SENIOR HEALTH SERVICES						194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 07966 FITNESS						194.16
194.17 07967 NONALLOWABLE ADVERTISING						194.17
194.18 07968 BREAST DIAGNOSTIC CTR						194.18
194.19 07969 REGIONAL PAIN CLINIC						194.19
194.20 07970 START-UP COSTS NORTH						194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM						194.21
194.22 07972 EBT						194.22
194.23 07973 MEDICAL OFFICE BUILDINGS						194.23
194.24 07974 START-UP COSTS ORTHO						194.24
194.25 07975 PREMIER SURGERY CENTER						194.25
194.26 07976 ISH						194.26
194.27 07977 MCHA BRYAN HOPD						194.27
194.28 07979 RWJ FOUNDATION						194.28
194.29 07978 OUTPATIENT PHARMACY						194.29
200.00	Cross Foot Adjustments	170,746	0	7,264	0	43,916

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	170,746	0	7,264	0	43,916	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,615,494	0	9,615,494	30.00
31.00	03100	INTENSIVE CARE UNIT	4,504,382	0	4,504,382	31.00
31.01	03101	PEDIATRIC ICU	312,088	0	312,088	31.01
31.02	03102	NEONATAL ICU	947,872	0	947,872	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,674,167	0	1,674,167	40.00
41.00	04100	SUBPROVIDER - IRF	546,300	0	546,300	41.00
43.00	04300	NURSERY	272,819	0	272,819	43.00
44.00	04400	SKILLED NURSING FACILITY	726,521	0	726,521	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,687,802	0	8,687,802	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	0	708,087	50.01
51.00	05100	RECOVERY ROOM	1,332,989	0	1,332,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	0	441,556	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	0	4,251,424	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	0	73,223	54.05
54.06	05406	RADIOLOGY - CMP	132	0	132	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	0	127,368	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	0	1,797,461	55.00
56.00	05600	RADIOISOTOPE	126,802	0	126,802	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	0	508,684	58.00
60.00	06000	LABORATORY	3,470,381	0	3,470,381	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	0	290,765	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	0	154,292	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	879,608	0	879,608	65.00
65.02	06502	DIALYSIS	185,720	0	185,720	65.02
65.03	03330	ENDOSCOPY	1,785,690	0	1,785,690	65.03
66.00	06600	PHYSICAL THERAPY	800,028	0	800,028	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	0	201,015	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	0	58,054	68.00
68.01	06801	NEURO REHAB	271,508	0	271,508	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	0	115,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	0	108,541	70.00
70.01	03950	NUTRITION SUPPORT	50,695	0	50,695	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	0	2,161,524	70.03
70.04	03953	CARDIAC REHA SERVICES	101,951	0	101,951	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	0	1,508,362	71.00
71.01	07101	COST OF SOLUTIONS	173,253	0	173,253	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	0	1,614,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	0	4,417,027	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	0	178,683	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	68,599	0	68,599	90.00
90.01	09001	ANTI COAG CLINIC	112,845	0	112,845	90.01
91.00	09100	EMERGENCY	2,740,639	0	2,740,639	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	0	38,261	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	0	190,842	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,082,470	0	1,082,470	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	937,106	0	937,106	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	478,471	0	478,471	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,831,982	0	60,831,982	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,416	0	67,416	190.00
194.00	07950	NON ALLOWABLE	35,400	0	35,400	194.00
194.01	07951	TELEVISION	16	0	16	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	81	0	81	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	284,817	0	284,817	194.05
194.06	07956	STUCKY RESEARCH CTR	393,689	0	393,689	194.06
194.07	07957	OCCUPATIONAL HEALTH	730	0	730	194.07
194.08	07958	FOUNDATION	61,064	0	61,064	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	82,675	0	82,675	194.12
194.13	07963	HUNTINGTON ARC	6,442	0	6,442	194.13
194.14	07964	SENIOR HEALTH SERVICES	90,750	0	90,750	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	133,207	0	133,207	194.15
194.16	07966	FITNESS	26,618	0	26,618	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	58,704	0	58,704	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	155,685	0	155,685	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	121,230	0	121,230	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	106,588	0	106,588	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	7,464	0	7,464	194.28
194.29	07978	OUTPATIENT PHARMACY	1,707,649	0	1,707,649	194.29
200.00		Cross Foot Adjustments	221,926	0	221,926	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	64,394,133	0	64,394,133		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,820,843				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,556,293			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	42,983	5,991	301,915,947		4.00
5.01 00540	COMMUNICATIONS	0	0	0	12,805	5.01
5.02 00550	DATA PROCESSING	12,580	0	0	2,529	9,977
5.03 00560	MATERIALS MANAGEMENT	6,131	0	0	219	0
5.04 00570	PATIENT SERVICES	10,380	7,135	1,917,968	726	77
5.05 00580	PATIENT ACCOUNTING	449	0	0	443	0
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0
5.07 00590	OTHER A&G	138,499	683,260	76,925,528	1,477	137
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	161,940	68,579	871,693	69	39
7.01 00701	FACILITY ENGINEERING	132,277	342,112	2,670,885	345	135
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	0	0	185	0
9.00 00900	HOUSEKEEPING	33,146	39,409	5,953,533	82	531
10.00 01000	DIETARY	61,453	407,507	3,856,265	111	540
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	2,314,824	0	0
10.02 01002	CAFETERIA	0	0	0	0	0
10.03 01003	PREADMITS AND ER	0	0	0	0	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,901	40,901	2,618,460	26	64
14.00 01400	CENTRAL SERVICES & SUPPLY	14,009	0	0	89	0
15.00 01500	PHARMACY	18,486	1,253,215	9,929,490	224	309
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02 01502	IV SOLUTIONS	0	12,478	605,367	0	39
15.03 01503	MED SURG SUPPLY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	28	0
17.00 01700	SOCIAL SERVICE	7,849	6,910	3,498,004	98	125
17.01 01701	REHAB ADMIN	0	0	271,005	59	11
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,911	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	266	0	60,641	0	0
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02 02302	PARAMED ED PHARMACY	300	0	747,153	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	257,252	883,379	41,263,229	2,198	1,923
31.00 03100	INTENSIVE CARE UNIT	86,151	880,388	18,520,136	372	757
31.01 03101	PEDIATRIC ICU	6,194	55,122	1,043,045	28	34
31.02 03102	NEONATAL ICU	21,297	195,266	3,419,038	232	129
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	52,495	35,978	6,600,638	104	306
41.00 04100	SUBPROVIDER - IRF	22,129	1,268	2,106,821	141	96
43.00 04300	NURSERY	4,654	0	2,954,388	2	0
44.00 04400	SKILLED NURSING FACILITY	26,689	4,647	3,078,906	70	153
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	123,041	2,933,562	10,684,482	274	510
50.01 05001	PARKVIEW PREMIER SURGERY	17,751	146,357	1,633,115	28	68
51.00 05100	RECOVERY ROOM	56,996	76,737	4,568,092	170	137
52.00 05200	DELIVERY ROOM & LABOR ROOM	26,488	0	80,724	133	38
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,982	1,469,040	10,406,579	265	409
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05 05405	RADIOLOGY - NHMP	2,977	7,699	215,646	0	13
54.06 05406	RADIOLOGY - CMP	0	0	0	33	0
54.07 05407	RADIOLOGY - WP	0	0	0	0	0
54.08 05408	RADIOLOGY - PULM CLINIC	6,384	14,288	7,006	9	0
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	49,700	369,923	4,717,418	295	117
56.00 05600	RADIOISOTOPE	6,100	3,029	387,496	9	12
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	15,979	104,327	797,473	31	26
60.00 06000	LABORATORY	48,502	885,980	15,978,867	209	833
60.01 06001	ANATOMICAL PATHOLOGY	1,368	76,034	842,001	17	31

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	114	6	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	13,784	207,742	4,635,176	107	218	65.00
65.02	06502	DIALYSIS	4,030	8,656	37,554	9	4	65.02
65.03	03330	ENDOSCOPY	30,651	555,453	2,773,223	22	121	65.03
66.00	06600	PHYSICAL THERAPY	30,142	30,142	4,108,109	28	292	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	3,300,217	2	18	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	993,973	2	0	68.00
68.01	06801	NEURO REHAB	7,873	14,027	1,963,966	31	75	68.01
69.00	06900	ELECTROCARDIOLOGY	0	22,247	1,140,535	7	25	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	30,160	497,820	2	8	70.00
70.01	03950	NUTRITION SUPPORT	0	381	770,250	19	36	70.01
70.03	03952	CARDIAC CATH LAB	29,959	704,357	4,135,577	263	135	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	19,765	253,624	26	13	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,567	16,467	672,866	0	26	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,581	0	1,211,818	17	48	90.00
90.01	09001	ANTI COAG CLINIC	3,332	1,250	758,049	20	20	90.01
91.00	09100	EMERGENCY	68,475	405,223	11,439,118	350	528	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	388,857	4	16	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,331	17,855	1,280,651	0	54	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,626	377,789	1,691,199	28	56	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	17,607	30,828	7,292,570	172	483	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	5,021,804	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,763,926	13,452,863	295,914,897	12,445	9,775	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,270	204	0	13	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	70	0	194.00
194.01	07951	TELEVISION	0	0	0	4	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	708	7	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	16,073	1,631	112,597	2	4	194.05
194.06	07956	STUCKY RESEARCH CTR	1,131	86,911	3,192,059	4	101	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,858	0	0	33	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	75,204	0	7	194.12
194.13	07963	HUNTINGTON ARC	0	0	115,480	0	4	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	97	96,606	4	5	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	184	2,799	977,627	11	34	194.15
194.16	07966	FITNESS	1,012	0	180,319	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,760	0	0	13	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	9,765	1,320	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	6,388	8,285	262,858	4	13	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	193	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	48,677	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	5,800	2,183	938,915	2	32	194.29
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)	19,809,338	24,085,069	26,232,088	1,131,470	360,327	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.879213	1.776671	0.086885	88.361578	36.115766	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			478,265	0	136,860	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001584	0.000000	13.717550	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	104,246,810				5.03
5.04	00570	PATIENT SERVICES	78,202	1,637,409,151			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	3,223,952,465		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	857,010	0	0	0	-185,595,056
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	131,840	0	0	0	0
7.01	00701	FACILITY ENGINEERING	429,337	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	703,628	0	0	0	0
9.00	00900	HOUSEKEEPING	922,051	0	0	0	0
10.00	01000	DIETARY	834,120	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	27,645	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	676,833	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	225,115	0	0	0	0
15.03	01503	MED SURG SUPPLY	61,532,325	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	15,374	0	0	0	0
17.01	01701	REHAB ADMIN	2,216	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,729,668	238,228,098	238,228,098	0	0
31.00	03100	INTENSIVE CARE UNIT	1,811,375	94,240,000	94,240,000	0	0
31.01	03101	PEDIATRIC ICU	46,932	4,464,233	4,464,233	0	0
31.02	03102	NEONATAL ICU	421,391	31,145,989	31,145,989	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	530,154	26,989,590	26,989,590	0	0
41.00	04100	SUBPROVIDER - I RF	104,937	9,732,967	9,732,967	0	0
43.00	04300	NURSERY	0	5,525,208	5,525,208	0	0
44.00	04400	SKILLED NURSING FACILITY	178,701	7,497,396	7,497,396	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,943,930	239,792,652	399,333,150	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	449,754	263,908	53,043,061	0	0
51.00	05100	RECOVERY ROOM	310,754	28,499,162	82,380,163	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,381	3,755,529	3,755,529	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,484,973	148,186,758	425,425,577	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	3,554	8,238	1,251,348	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	2,859	0	19,734	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	123,762	3,107,041	90,279,765	0	0
56.00	05600	RADIOISOTOPE	51,148	4,264,045	6,782,489	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	76,682	12,737,878	24,869,620	0	0
60.00	06000	LABORATORY	11,921,282	108,614,479	242,579,300	0	0
60.01	06001	ANATOMICAL PATHOLOGY	827,458	6,015,342	11,927,128	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,696,778	11,098,621	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	197,455	32,317,322	36,113,800	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISTION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation		
		5.03	5.04	5.05	5.06	5A.07		
65.02	06502	DIALYSIS	20,865	5,277,354	5,724,748	0	0	65.02
65.03	03330	ENDOSCOPY	1,061,476	22,447,383	108,204,989	0	0	65.03
66.00	06600	PHYSICAL THERAPY	67,366	14,685,226	20,786,406	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,029	13,353,702	13,696,137	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,672,363	5,042,323	0	0	68.00
68.01	06801	NEURO REHAB	42,775	11,872	10,720,103	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	151,307	8,458,649	32,614,814	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,800	3,255,922	5,705,877	0	0	70.00
70.01	03950	NUTRITION SUPPORT	133,336	398,941	469,764	0	0	70.01
70.03	03952	CARDIAC CATH LAB	350,626	69,431,373	145,300,283	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	39,581	651	1,925,642	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	90,786,379	155,785,999	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	53,833,978	67,690,226	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,255,834	163,423,662	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	154,772,415	343,892,890	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	67,281	6,311,091	13,708,757	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,212	198,291	1,859,052	0	0	90.00
90.01	09001	ANTI COAG CLINIC	265,955	15,634	3,620,241	0	0	90.01
91.00	09100	EMERGENCY	1,647,180	69,738,662	208,143,317	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	5,006	0	2,010,795	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	164,301	1,420,818	58,432,773	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,192,615	0	14,849,853	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	959,552	0	20,894,940	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	12,766,108	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,903,109	1,637,409,151	3,223,952,465	0	-185,595,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	320	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	50,991	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	86,190	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	51,320	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	5,871	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	19,440	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	36,376	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	4,842	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	1,055	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	45,235	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	901	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	41,160	0	0	0	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation
		5.03	5.04	5.05	5.06	5A.07
202.00	Cost to be allocated (per Wkst. B, Part I)	86,051	2,759,147	44,029	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000825	0.001685	0.000014	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,700	129,747	4,885	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000640	0.000079	0.000002	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590	515,010,172					5.07
5.08	00592	1,273	10,000				5.08
6.00	00600	0	0	0			6.00
7.00	00700	10,011,783	0	0	1,447,764		7.00
7.01	00701	6,495,167	0	0	132,277	1,315,487	7.01
8.00	00800	4,375,992	0	0	1,974	1,974	8.00
9.00	00900	8,632,752	0	0	33,146	33,146	9.00
10.00	01000	4,805,255	0	0	61,453	61,453	10.00
10.01	01001	5,330,613	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,472,448	0	0	4,901	4,901	13.00
14.00	01400	160,271	0	0	14,009	14,009	14.00
15.00	01500	14,279,076	0	0	18,486	18,486	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	2,971,077	0	0	0	0	15.02
15.03	01503	62,862,942	0	0	0	0	15.03
16.00	01600	157,394	0	0	14,240	14,240	16.00
17.00	01700	6,187,300	0	0	7,849	7,849	17.00
17.01	01701	472,843	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,766,742	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	68,991	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	842,190	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	57,350,966	0	0	257,252	257,252	30.00
31.00	03100	25,373,805	0	0	86,151	86,151	31.00
31.01	03101	1,541,990	0	0	6,194	6,194	31.01
31.02	03102	5,395,682	0	0	21,297	21,297	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	9,297,159	0	0	52,495	52,495	40.00
41.00	04100	3,020,809	0	0	22,129	22,129	41.00
43.00	04300	3,923,982	0	0	4,654	4,654	43.00
44.00	04400	4,050,235	0	0	26,689	26,689	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,303,370	0	0	123,041	123,041	50.00
50.01	05001	3,818,797	10,000	0	17,751	17,751	50.01
51.00	05100	6,236,400	0	0	56,996	56,996	51.00
52.00	05200	395,304	0	0	26,488	26,488	52.00
54.00	05400	19,242,618	0	0	40,982	40,982	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	297,470	0	0	2,977	2,977	54.05
54.06	05406	2,916	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	110,206	0	0	6,384	6,384	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	8,150,168	0	0	49,700	49,700	55.00
56.00	05600	569,147	0	0	6,100	6,100	56.00
58.00	05800	1,584,178	0	0	15,979	15,979	58.00
60.00	06000	23,759,343	0	0	48,502	48,502	60.00
60.01	06001	2,856,924	0	0	1,368	1,368	60.01
62.00	06200	3,364,588	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	5,848,815	0	0	13,784	13,784	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	2,375,259	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	6,340,118	0	0	30,651	30,651	65.03
66.00	06600	PHYSICAL THERAPY	5,313,504	0	0	30,142	30,142	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,647,460	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	1,088,455	0	0	0	0	68.00
68.01	06801	NEURO REHAB	2,484,029	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	1,456,231	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	668,256	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	995,274	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	8,222,438	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	400,951	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	125,434	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	91,658	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,274	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,766,890	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,942,727	0	0	3,567	3,567	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	829,695	0	0	1,581	1,581	90.00
90.01	09001	ANTI COAG CLINIC	1,231,846	0	0	3,332	3,332	90.01
91.00	09100	EMERGENCY	16,505,313	0	0	68,475	68,475	91.00
91.01	09101	PARTIAL HOSPITALIZATION	453,888	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,904,760	0	0	4,331	4,331	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,465,379	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,409,968	0	0	17,607	17,607	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,379,444	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	483,664,232	10,000	0	1,390,847	1,258,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,372	0	0	4,270	4,270	190.00
194.00	07950	NON ALLOWABLE	778,945	0	0	0	0	194.00
194.01	07951	TELEVISION	353	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,755	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	816,972	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	4,743,836	0	0	1,131	1,131	194.06
194.07	07957	OCCUPATIONAL HEALTH	16,112	0	0	0	0	194.07
194.08	07958	FOUNDATION	54,302	0	0	3,858	3,858	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,807,999	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	131,563	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	415,723	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,592,718	0	0	184	184	194.15
194.16	07966	FITNESS	241,782	0	0	1,012	1,012	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	34,806	0	0	3,760	3,760	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	110,472	0	0	9,765	9,765	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	165,684	0	0	6,388	6,388	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,296,127	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	157,141	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	16,931,278	0	0	5,800	5,800	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	185,595,056	1,732	0	13,619,749	10,080,231	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.360372	0.173200	0.000000	9.407437	7.662737	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,344,719	1,331	0	2,339,446	2,561,414	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.045329	0.133100	0.000000	1.615903	1.947122	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Worksheet B-1

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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	2	1,280,367			9.00
10.00	01000	DIETARY	0	61,453	913,793		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	603,877	10.01
10.02	01002	CAFETERIA	0	0	309,916	0	320,240
10.03	01003	PREADMITS AND ER	0	0	17,510	17,510	10,324
11.00	01100	CAFETERIA	0	0	0	0	309,916
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,901	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,009	0	0	0
15.00	01500	PHARMACY	0	18,486	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	7,849	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,108	257,252	300,581	300,581	0
31.00	03100	INTENSIVE CARE UNIT	1,144	86,151	81,261	81,261	0
31.01	03101	PEDIATRIC ICU	75	6,194	3,541	3,541	0
31.02	03102	NEONATAL ICU	65	21,297	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	259	52,495	138,086	138,086	0
41.00	04100	SUBPROVIDER - I RF	156	22,129	21,281	21,281	0
43.00	04300	NURSERY	0	4,654	0	0	0
44.00	04400	SKILLED NURSING FACILITY	226	26,689	41,617	41,617	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	271	123,041	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0	17,751	0	0	0
51.00	05100	RECOVERY ROOM	290	56,996	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	620	26,488	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	376	40,982	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,977	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	6,384	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,700	0	0	0
56.00	05600	RADIOISOTOPE	0	6,100	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17	15,979	0	0	0
60.00	06000	LABORATORY	0	48,502	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	36	13,784	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	13	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	87	30,651	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	30,142	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	55	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	5	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	522	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	6	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30	3,567	0	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,581	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	3,332	0	0	0 90.01
91.00	09100	EMERGENCY	1,555	68,475	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	77	4,331	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	1	17,607	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,996	1,223,450	913,793	603,877	320,240 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,270	0	0	0 190.00
194.00	07950	NON ALLOWABLE	4	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,131	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	3,858	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	184	0	0	0 194.15
194.16	07966	FITNESS	0	1,012	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,760	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	9,765	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	6,388	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,800	0	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
202.00	Cost to be allocated (per Wkst. B, Part I)	5,986,673	12,310,759	8,176,819	7,251,617	2,773,196	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	598.667300	9.615024	8.948218	12.008434	8.659743	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	227,319	957,382	1,889,341	245,298	640,776	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22.731900	0.747740	2.067581	0.406205	2.000924	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	300,581	2,625				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	1,484		13.00
14.00	01400	0	0	0	0	1,000,000	14.00
15.00	01500	0	114	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	14	0	14	0	15.02
15.03	01503	0	0	0	0	931,602	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	46	0	0	0	17.00
17.01	01701	0	4	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	300,581	667	0	667	6,538	30.00
31.00	03100	0	280	0	280	0	31.00
31.01	03101	0	13	0	13	0	31.01
31.02	03102	0	48	0	48	49	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	113	0	0	0	40.00
41.00	04100	0	35	0	0	0	41.00
43.00	04300	0	43	0	43	0	43.00
44.00	04400	0	57	0	0	45	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	189	0	157	60,907	50.00
50.01	05001	0	0	0	0	87	50.01
51.00	05100	0	51	0	51	0	51.00
52.00	05200	0	14	0	14	0	52.00
54.00	05400	0	135	0	3	15	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	3	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	23	0	4	0	55.00
56.00	05600	0	4	0	0	0	56.00
58.00	05800	0	9	0	0	0	58.00
60.00	06000	0	123	0	0	0	60.00
60.01	06001	0	11	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description			PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	80	0	0	355	65.00
65.02	06502	DIALYSIS	0	1	0	1	0	65.02
65.03	03330	ENDOSCOPY	0	45	0	0	40	65.03
66.00	06600	PHYSICAL THERAPY	0	108	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	28	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	9	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	13	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	50	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	5	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10	0	10	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	7	0	90.01
91.00	09100	EMERGENCY	0	168	0	160	359	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	6	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	44	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,581	2,588	0	1,472	1,000,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	2	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	2	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	2	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	1	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	2	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	12	0	12	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	5	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	1	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	10	0	0	0	194.29
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		PREADMI TS AND ER (MEALS PREADMI TS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	456,354	2,683,793	0	4,854,605	591,861	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.518240	1,022.397333	0.000000	3,271.297170	0.591861	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	63,974	620,118	0	309,562	220,061	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.212834	236.235429	0.000000	208.599730	0.220061	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	63,748,419					15.00
15.01	01501	0	100				15.01
15.02	01502	0	0	100			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	7,844	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,746	0	0	0	430	30.00
31.00	03100	1,627	0	0	0	9	31.00
31.01	03101	33	0	0	0	2	31.01
31.02	03102	911	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	70	0	0	0	2	40.00
41.00	04100	10	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	121	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,935	0	0	0	1,505	50.00
50.01	05001	703	0	0	0	0	50.01
51.00	05100	168	0	0	0	252	51.00
52.00	05200	7	0	0	0	0	52.00
54.00	05400	9,309	0	0	0	2,428	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	11	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	30	56.00
58.00	05800	14	0	0	0	125	58.00
60.00	06000	1,258	0	0	0	0	60.00
60.01	06001	157	0	0	0	0	60.01
62.00	06200	19,728	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	156	0	0	0	110	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
65.02	06502	DIALYSIS	954	0	0	4	65.02
65.03	03330	ENDOSCOPY	908	0	0	859	65.03
66.00	06600	PHYSICAL THERAPY	1,221	0	0	82	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	676	0	0	69	68.01
69.00	06900	ELECTROCARDIOLOGY	13	0	0	166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	124	0	0	1,035	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	19	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,833	0	71.00
71.01	07101	COST OF SOLUTIONS	0	100	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,167	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,574,815	100	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	81	0	0	2	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4	90.00
90.01	09001	ANTI COAG CLINIC	2,953	0	0	32	90.01
91.00	09100	EMERGENCY	494	0	0	47	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	19	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	34	0	0	75	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,056	0	0	95	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,284,142	0	0	331	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,931,424	100	100	7,756	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	1,909	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	10,715	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	169	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	3,246	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	88	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	16,800,956	0	0	0	194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	20,034,710	0	4,101,882	86,068,177	594,111	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.314278	0.000000	41,018.820000	8,606.817700	75.740821	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,201,940	0	164,710	3,093,714	223,440	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.050228	0.000000	1,647.100000	309.371400	28.485467	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	10,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,948	0	0	0	5,895	30.00
31.00 03100 INTENSIVE CARE UNIT	1,883	0	0	0	1,307	31.00
31.01 03101 PEDIATRIC ICU	729	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	440	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	479	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	748	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	144	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	3,526	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	2,939	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,945	0	0	0	68.00
68.01 06801 NEURO REHAB	0	150	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	343	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	2,097	0	0	0	1,423	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26 07976 ISH	0	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,673,512	647,332	0	0	5,124,170	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	867.351200	64.733200	0.000000	0.000000	512.417000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	430,100	22,960	0	0	170,746	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	43.010000	2.296000	0.000000	0.000000	17.074600	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0	23.00
23.01 02301 PARAMED RADIOLOGY					23.01
23.02 02302 PARAMED PHARMACY				63,748,419	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	22,746	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	1,627	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	33	31.01
31.02 03102 NEONATAL ICU	0	0	0	911	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	70	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	10	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	121	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	3,935	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	703	50.01
51.00 05100 RECOVERY ROOM	0	0	0	168	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	7	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	9,309	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14	58.00
60.00 06000 LABORATORY	0	100	0	1,258	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	157	60.01

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		22.00	23.00	23.01	23.02		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	19,728	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	156	65.00
65.02	06502	DIALYSIS	0	0	0	954	65.02
65.03	03330	ENDOSCOPY	0	0	0	908	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	1,221	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	676	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	124	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,574,815	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	81	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	2,953	90.01
91.00	09100	EMERGENCY	0	0	0	494	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	34	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	4,056	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,284,142	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	0	46,931,424	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	1,909	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	10,715	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	169	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	3,246	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	16,800,956		194.29
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)	0	100,951	0	1,153,698		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,009.510000	0.000000	0.018098		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	7,264	0	43,916		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	72.640000	0.000000	0.000689		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:17 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	101,297,868		101,297,868	0	101,297,868	30.00
31.00	03100 INTENSIVE CARE UNIT	42,041,281		42,041,281	0	42,041,281	31.00
31.01	03101 PEDIATRIC ICU	3,070,355		3,070,355	851	3,071,206	31.01
31.02	03102 NEONATAL ICU	8,153,790		8,153,790	0	8,153,790	31.02
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	17,213,015		17,213,015	28,717	17,241,732	40.00
41.00	04100 SUBPROVIDER - I/RF	5,303,581		5,303,581	0	5,303,581	41.00
43.00	04300 NURSERY	5,646,896		5,646,896	0	5,646,896	43.00
44.00	04400 SKILLED NURSING FACILITY	7,287,823		7,287,823	0	7,287,823	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	46,888,013		46,888,013	0	46,888,013	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	5,670,690		5,670,690	0	5,670,690	50.01
51.00	05100 RECOVERY ROOM	10,416,508		10,416,508	0	10,416,508	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,675,886		1,675,886	0	1,675,886	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,830,671		27,830,671	0	27,830,671	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	484,945		484,945	0	484,945	54.05
54.06	05406 RADIOLOGY - CMP	3,967		3,967	0	3,967	54.06
54.07	05407 RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	320,281		320,281	0	320,281	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	12,450,115		12,450,115	27,702	12,477,817	55.00
56.00	05600 RADIOISOTOPE	943,394		943,394	0	943,394	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,610,324		2,610,324	0	2,610,324	58.00
60.00	06000 LABORATORY	33,842,955		33,842,955	0	33,842,955	60.00
60.01	06001 ANATOMICAL PATHOLOGY	3,934,282		3,934,282	0	3,934,282	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,583,648		4,583,648	0	4,583,648	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	8,436,329	0	8,436,329	1,547	8,437,876	65.00
65.02	06502 DIALYSIS	3,351,474	0	3,351,474	0	3,351,474	65.02
65.03	03330 ENDOSCOPY	9,606,325	0	9,606,325	0	9,606,325	65.03
66.00	06600 PHYSICAL THERAPY	8,377,972	0	8,377,972	0	8,377,972	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	5,195,709	0	5,195,709	0	5,195,709	67.00
68.00	06800 SPEECH PATHOLOGY	1,671,343	0	1,671,343	0	1,671,343	68.00
68.01	06801 NEURO REHAB	3,666,010	0	3,666,010	0	3,666,010	68.01
69.00	06900 ELECTROCARDIOLOGY	2,005,788		2,005,788	0	2,005,788	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	952,464		952,464	0	952,464	70.00
70.01	03950 NUTRITION SUPPORT	1,367,234		1,367,234	0	1,367,234	70.01
70.03	03952 CARDIAC CATH LAB	12,724,594		12,724,594	0	12,724,594	70.03
70.04	03953 CARDIAC REHA SERVICES	636,735		636,735	0	636,735	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	41,767,387		41,767,387	0	41,767,387	71.00
71.01	07101 COST OF SOLUTIONS	4,226,571		4,226,571	0	4,226,571	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	44,711,225		44,711,225	0	44,711,225	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,796,307		79,796,307	0	79,796,307	73.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,799,091		2,799,091	7,673	2,806,764	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,189,589		1,189,589	0	1,189,589	90.00
90.01	09001 ANTI COAG CLINIC	1,790,988		1,790,988	0	1,790,988	90.01
91.00	09100 EMERGENCY	27,729,505		27,729,505	186,156	27,915,661	91.00
91.01	09101 PARTIAL HOSPITALIZATION	651,181		651,181	0	651,181	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,818,337		13,818,337	0	13,818,337	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,758,546		2,758,546	0	2,758,546	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,025,665		9,025,665	0	9,025,665	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	15,416,139		15,416,139	0	15,416,139	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	14,119,905		14,119,905	0	14,119,905	116.00
200.00	Subtotal (see instructions)	659,462,701	0	659,462,701	252,646	659,715,347	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
201.00	Less Observation Beds	13,818,337		13,818,337		13,818,337	201.00
202.00	Total (see instructions)	645,644,364	0	645,644,364	252,646	645,897,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:17 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	
202.00	Total (see instructions)		1,637,409,151	1,586,543,314	3,223,952,465			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.117416			50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.106907			50.01
51.00	05100 RECOVERY ROOM	0.126444			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.446245			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.065418			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.387538			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	16.229908			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138213			55.00
56.00	05600 RADIOISOTOPE	0.139093			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104960			58.00
60.00	06000 LABORATORY	0.139513			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.329860			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.233647			65.00
65.02	06502 DIALYSIS	0.585436			65.02
65.03	03330 ENDOSCOPY	0.088779			65.03
66.00	06600 PHYSICAL THERAPY	0.403051			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.379356			67.00
68.00	06800 SPEECH PATHOLOGY	0.331463			68.00
68.01	06801 NEURO REHAB	0.341975			68.01
69.00	06900 ELECTROCARDIOLOGY	0.061499			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166927			70.00
70.01	03950 NUTRITION SUPPORT	2.910470			70.01
70.03	03952 CARDIAC CATH LAB	0.087574			70.03
70.04	03953 CARDIAC REHA SERVICES	0.330661			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107			71.00
71.01	07101 COST OF SOLUTIONS	0.062440			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273591			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232038			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.204742			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.639890			90.00
90.01	09001 ANTI COAG CLINIC	0.494715			90.01
91.00	09100 EMERGENCY	0.134117			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.323843			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.047209			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.607795			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:17 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	101,297,868		101,297,868	0	101,297,868	30.00
31.00	03100 INTENSIVE CARE UNIT	42,041,281		42,041,281	0	42,041,281	31.00
31.01	03101 PEDIATRIC ICU	3,070,355		3,070,355	851	3,071,206	31.01
31.02	03102 NEONATAL ICU	8,153,790		8,153,790	0	8,153,790	31.02
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	17,213,015		17,213,015	28,717	17,241,732	40.00
41.00	04100 SUBPROVIDER - I/RF	5,303,581		5,303,581	0	5,303,581	41.00
43.00	04300 NURSERY	5,646,896		5,646,896	0	5,646,896	43.00
44.00	04400 SKILLED NURSING FACILITY	7,287,823		7,287,823	0	7,287,823	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	46,888,013		46,888,013	0	46,888,013	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	5,670,690		5,670,690	0	5,670,690	50.01
51.00	05100 RECOVERY ROOM	10,416,508		10,416,508	0	10,416,508	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,675,886		1,675,886	0	1,675,886	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,830,671		27,830,671	0	27,830,671	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	484,945		484,945	0	484,945	54.05
54.06	05406 RADIOLOGY - CMP	3,967		3,967	0	3,967	54.06
54.07	05407 RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	320,281		320,281	0	320,281	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	12,450,115		12,450,115	27,702	12,477,817	55.00
56.00	05600 RADIOISOTOPE	943,394		943,394	0	943,394	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,610,324		2,610,324	0	2,610,324	58.00
60.00	06000 LABORATORY	33,842,955		33,842,955	0	33,842,955	60.00
60.01	06001 ANATOMICAL PATHOLOGY	3,934,282		3,934,282	0	3,934,282	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,583,648		4,583,648	0	4,583,648	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	8,436,329	0	8,436,329	1,547	8,437,876	65.00
65.02	06502 DIALYSIS	3,351,474	0	3,351,474	0	3,351,474	65.02
65.03	03330 ENDOSCOPY	9,606,325	0	9,606,325	0	9,606,325	65.03
66.00	06600 PHYSICAL THERAPY	8,377,972	0	8,377,972	0	8,377,972	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	5,195,709	0	5,195,709	0	5,195,709	67.00
68.00	06800 SPEECH PATHOLOGY	1,671,343	0	1,671,343	0	1,671,343	68.00
68.01	06801 NEURO REHAB	3,666,010	0	3,666,010	0	3,666,010	68.01
69.00	06900 ELECTROCARDIOLOGY	2,005,788		2,005,788	0	2,005,788	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	952,464		952,464	0	952,464	70.00
70.01	03950 NUTRITION SUPPORT	1,367,234		1,367,234	0	1,367,234	70.01
70.03	03952 CARDIAC CATH LAB	12,724,594		12,724,594	0	12,724,594	70.03
70.04	03953 CARDIAC REHA SERVICES	636,735		636,735	0	636,735	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	41,767,387		41,767,387	0	41,767,387	71.00
71.01	07101 COST OF SOLUTIONS	4,226,571		4,226,571	0	4,226,571	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	44,711,225		44,711,225	0	44,711,225	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,796,307		79,796,307	0	79,796,307	73.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,799,091		2,799,091	7,673	2,806,764	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,189,589		1,189,589	0	1,189,589	90.00
90.01	09001 ANTI COAG CLINIC	1,790,988		1,790,988	0	1,790,988	90.01
91.00	09100 EMERGENCY	27,729,505		27,729,505	186,156	27,915,661	91.00
91.01	09101 PARTIAL HOSPITALIZATION	651,181		651,181	0	651,181	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,818,337		13,818,337	0	13,818,337	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,758,546		2,758,546	0	2,758,546	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,025,665		9,025,665	0	9,025,665	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	15,416,139		15,416,139	0	15,416,139	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	14,119,905		14,119,905	0	14,119,905	116.00
200.00	Subtotal (see instructions)	659,462,701	0	659,462,701	252,646	659,715,347	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:17 am	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
201.00	Less Observation Beds	13,818,337		13,818,337		13,818,337	201.00
202.00	Total (see instructions)	645,644,364	0	645,644,364	252,646	645,897,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:17 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	238,228,098		238,228,098		30.00
31.00	03100	INTENSIVE CARE UNIT	94,240,000		94,240,000		31.00
31.01	03101	PEDIATRIC ICU	4,464,233		4,464,233		31.01
31.02	03102	NEONATAL ICU	31,145,989		31,145,989		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	26,989,590		26,989,590		40.00
41.00	04100	SUBPROVIDER - IRF	9,732,967		9,732,967		41.00
43.00	04300	NURSERY	5,525,208		5,525,208		43.00
44.00	04400	SKILLED NURSING FACILITY	7,497,396		7,497,396		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	239,792,652	159,540,498	399,333,150	0.117416	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	263,908	52,779,153	53,043,061	0.106907	50.01
51.00	05100	RECOVERY ROOM	28,499,162	53,881,001	82,380,163	0.126444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,755,529	0	3,755,529	0.446245	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,186,758	277,238,819	425,425,577	0.065418	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	8,238	1,243,110	1,251,348	0.387538	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	19,734	19,734	16.229908	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,107,041	87,172,724	90,279,765	0.137906	55.00
56.00	05600	RADIOISOTOPE	4,264,045	2,518,444	6,782,489	0.139093	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,737,878	12,131,742	24,869,620	0.104960	58.00
60.00	06000	LABORATORY	108,614,479	133,964,821	242,579,300	0.139513	60.00
60.01	06001	ANATOMICAL PATHOLOGY	6,015,342	5,911,786	11,927,128	0.329860	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,696,778	1,401,843	11,098,621	0.412993	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,317,322	3,796,478	36,113,800	0.233604	65.00
65.02	06502	DIALYSIS	5,277,354	447,394	5,724,748	0.585436	65.02
65.03	03330	ENDOSCOPY	22,447,383	85,757,606	108,204,989	0.088779	65.03
66.00	06600	PHYSICAL THERAPY	14,685,226	6,101,180	20,786,406	0.403051	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	13,353,702	342,435	13,696,137	0.379356	67.00
68.00	06800	SPEECH PATHOLOGY	4,672,363	369,960	5,042,323	0.331463	68.00
68.01	06801	NEURO REHAB	11,872	10,708,231	10,720,103	0.341975	68.01
69.00	06900	ELECTROCARDIOLOGY	8,458,649	24,156,165	32,614,814	0.061499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,255,922	2,449,955	5,705,877	0.166927	70.00
70.01	03950	NUTRITION SUPPORT	398,941	70,823	469,764	2.910470	70.01
70.03	03952	CARDIAC CATH LAB	69,431,373	75,868,910	145,300,283	0.087574	70.03
70.04	03953	CARDIAC REHA SERVICES	651	1,924,991	1,925,642	0.330661	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,786,379	64,999,620	155,785,999	0.268107	71.00
71.01	07101	COST OF SOLUTIONS	53,833,978	13,856,248	67,690,226	0.062440	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,255,834	60,167,828	163,423,662	0.273591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,772,415	189,120,475	343,892,890	0.232038	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,311,091	7,397,666	13,708,757	0.204183	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	198,291	1,660,761	1,859,052	0.639890	90.00
90.01	09001	ANTI COAG CLINIC	15,634	3,604,607	3,620,241	0.494715	90.01
91.00	09100	EMERGENCY	69,738,662	138,404,655	208,143,317	0.133223	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,010,795	2,010,795	0.323843	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,420,818	57,011,955	58,432,773	0.047209	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	14,849,853	14,849,853	0.607795	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	20,894,940	20,894,940		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	12,766,108	12,766,108		116.00
200.00		Subtotal (see instructions)	1,637,409,151	1,586,543,314	3,223,952,465		200.00
201.00		Less Observation Beds					201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:17 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						9.00	10.00	
202.00	Total (see instructions)	1,637,409,151	1,586,543,314	3,223,952,465				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.117416			50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.106907			50.01
51.00	05100 RECOVERY ROOM	0.126444			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.446245			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.065418			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.387538			54.05
54.06	05406 RADIOLOGY - CMP	0.000000			54.06
54.07	05407 RADIOLOGY - WP	0.000000			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	16.229908			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138213			55.00
56.00	05600 RADIOISOTOPE	0.139093			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104960			58.00
60.00	06000 LABORATORY	0.139513			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.329860			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.233647			65.00
65.02	06502 DIALYSIS	0.585436			65.02
65.03	03330 ENDOSCOPY	0.088779			65.03
66.00	06600 PHYSICAL THERAPY	0.403051			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.379356			67.00
68.00	06800 SPEECH PATHOLOGY	0.331463			68.00
68.01	06801 NEURO REHAB	0.341975			68.01
69.00	06900 ELECTROCARDIOLOGY	0.061499			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166927			70.00
70.01	03950 NUTRITION SUPPORT	2.910470			70.01
70.03	03952 CARDIAC CATH LAB	0.087574			70.03
70.04	03953 CARDIAC REHA SERVICES	0.330661			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107			71.00
71.01	07101 COST OF SOLUTIONS	0.062440			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273591			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232038			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.204742			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.639890			90.00
90.01	09001 ANTI COAG CLINIC	0.494715			90.01
91.00	09100 EMERGENCY	0.134117			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.323843			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.047209			92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.607795			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 15-0021

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

Worksheet C Part II Date/Time Prepared: 5/30/2018 9:17 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	46,888,013	8,687,802	38,200,211	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,670,690	708,087	4,962,603	0	0	50.01
51.00	05100	RECOVERY ROOM	10,416,508	1,332,989	9,083,519	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,675,886	441,556	1,234,330	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,830,671	4,251,424	23,579,247	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	484,945	73,223	411,722	0	0	54.05
54.06	05406	RADIOLOGY - CMP	3,967	132	3,835	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	320,281	127,368	192,913	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	12,450,115	1,797,461	10,652,654	0	0	55.00
56.00	05600	RADIOISOTOPE	943,394	126,802	816,592	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,610,324	508,684	2,101,640	0	0	58.00
60.00	06000	LABORATORY	33,842,955	3,470,381	30,372,574	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,934,282	290,765	3,643,517	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,583,648	154,292	4,429,356	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,436,329	879,608	7,556,721	0	0	65.00
65.02	06502	DIALYSIS	3,351,474	185,720	3,165,754	0	0	65.02
65.03	03330	ENDOSCOPY	9,606,325	1,785,690	7,820,635	0	0	65.03
66.00	06600	PHYSICAL THERAPY	8,377,972	800,028	7,577,944	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,195,709	201,015	4,994,694	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,671,343	58,054	1,613,289	0	0	68.00
68.01	06801	NEURO REHAB	3,666,010	271,508	3,394,502	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,005,788	115,485	1,890,303	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	952,464	108,541	843,923	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1,367,234	50,695	1,316,539	0	0	70.01
70.03	03952	CARDIAC CATH LAB	12,724,594	2,161,524	10,563,070	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	636,735	101,951	534,784	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,767,387	1,508,362	40,259,025	0	0	71.00
71.01	07101	COST OF SOLUTIONS	4,226,571	173,253	4,053,318	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,711,225	1,614,996	43,096,229	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,796,307	4,417,027	75,379,280	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,799,091	178,683	2,620,408	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,189,589	68,599	1,120,990	0	0	90.00
90.01	09001	ANTI COAG CLINIC	1,790,988	112,845	1,678,143	0	0	90.01
91.00	09100	EMERGENCY	27,729,505	2,740,639	24,988,866	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	651,181	38,261	612,920	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,818,337	1,311,678	12,506,659	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,758,546	190,842	2,567,704	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,025,665	1,082,470	7,943,195	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,416,139	937,106	14,479,033	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	14,119,905	478,471	13,641,434	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	469,448,092	43,544,017	425,904,075	0	0	200.00
201.00		Less Observation Beds	13,818,337	1,311,678	12,506,659	0	0	201.00
202.00		Total (line 200 minus line 201)	455,629,755	42,232,339	413,397,416	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,888,013	399,333,150	0.117416	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,670,690	53,043,061	0.106907	50.01
51.00	05100	RECOVERY ROOM	10,416,508	82,380,163	0.126444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,675,886	3,755,529	0.446245	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,830,671	425,425,577	0.065418	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	484,945	1,251,348	0.387538	54.05
54.06	05406	RADIOLOGY - CMP	3,967	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	320,281	19,734	16.229908	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	12,450,115	90,279,765	0.137906	55.00
56.00	05600	RADIOISOTOPE	943,394	6,782,489	0.139093	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,610,324	24,869,620	0.104960	58.00
60.00	06000	LABORATORY	33,842,955	242,579,300	0.139513	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,934,282	11,927,128	0.329860	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,583,648	11,098,621	0.412993	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,436,329	36,113,800	0.233604	65.00
65.02	06502	DIALYSIS	3,351,474	5,724,748	0.585436	65.02
65.03	03330	ENDOSCOPY	9,606,325	108,204,989	0.088779	65.03
66.00	06600	PHYSICAL THERAPY	8,377,972	20,786,406	0.403051	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,195,709	13,696,137	0.379356	67.00
68.00	06800	SPEECH PATHOLOGY	1,671,343	5,042,323	0.331463	68.00
68.01	06801	NEURO REHAB	3,666,010	10,720,103	0.341975	68.01
69.00	06900	ELECTROCARDIOLOGY	2,005,788	32,614,814	0.061499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	952,464	5,705,877	0.166927	70.00
70.01	03950	NUTRITION SUPPORT	1,367,234	469,764	2.910470	70.01
70.03	03952	CARDIAC CATH LAB	12,724,594	145,300,283	0.087574	70.03
70.04	03953	CARDIAC REHA SERVICES	636,735	1,925,642	0.330661	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,767,387	155,785,999	0.268107	71.00
71.01	07101	COST OF SOLUTIONS	4,226,571	67,690,226	0.062440	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,711,225	163,423,662	0.273591	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,796,307	343,892,890	0.232038	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,799,091	13,708,757	0.204183	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,189,589	1,859,052	0.639890	90.00
90.01	09001	ANTI COAG CLINIC	1,790,988	3,620,241	0.494715	90.01
91.00	09100	EMERGENCY	27,729,505	208,143,317	0.133223	91.00
91.01	09101	PARTIAL HOSPITALIZATION	651,181	2,010,795	0.323843	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,818,337	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,758,546	58,432,773	0.047209	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,025,665	14,849,853	0.607795	95.00
99.10	09910	CORF	0	0	0.000000	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	10100	HOME HEALTH AGENCY	15,416,139	20,894,940	0.737793	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	14,119,905	12,766,108	1.106046	116.00
200.00		Subtotal (sum of lines 50 thru 199)	469,448,092	2,806,128,984		200.00
201.00		Less Observation Beds	13,818,337	0		201.00
202.00		Total (line 200 minus line 201)	455,629,755	2,806,128,984		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,615,494	0	9,615,494	114,512	83.97	30.00
31.00	INTENSIVE CARE UNIT	4,504,382		4,504,382	34,126	131.99	31.00
31.01	PEDIATRIC ICU	312,088		312,088	1,278	244.20	31.01
31.02	NEONATAL ICU	947,872		947,872	8,504	111.46	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,674,167	0	1,674,167	18,940	88.39	40.00
41.00	SUBPROVIDER - IRF	546,300	0	546,300	6,670	81.90	41.00
43.00	NURSERY	272,819		272,819	5,910	46.16	43.00
44.00	SKILLED NURSING FACILITY	726,521		726,521	12,098	60.05	44.00
200.00	Total (lines 30 through 199)	18,599,643		18,599,643	202,038		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	33,717	2,831,216	30.00
31.00	INTENSIVE CARE UNIT	6,713	886,049	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	5,052	446,546	40.00
41.00	SUBPROVIDER - IRF	2,085	170,762	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,922	295,566	44.00
200.00	Total (lines 30 through 199)	52,489	4,630,139	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,687,802	399,333,150	0.021756	73,247,389	1,593,570	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	0	50.01
51.00	05100	RECOVERY ROOM	1,332,989	82,380,163	0.016181	6,589,857	106,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	39,977,523	399,495	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	0	54.05
54.06	05406	RADIOLOGY - CMP	132	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	835,669	16,638	55.00
56.00	05600	RADIOISOTOPE	126,802	6,782,489	0.018695	900,812	16,841	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	3,669,847	75,063	58.00
60.00	06000	LABORATORY	3,470,381	242,579,300	0.014306	32,521,135	465,247	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	2,460,609	59,985	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	2,906,913	40,412	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	879,608	36,113,800	0.024357	12,982,654	316,219	65.00
65.02	06502	DIALYSIS	185,720	5,724,748	0.032442	2,453,459	79,595	65.02
65.03	03330	ENDOSCOPY	1,785,690	108,204,989	0.016503	5,153,399	85,047	65.03
66.00	06600	PHYSICAL THERAPY	800,028	20,786,406	0.038488	2,743,555	105,594	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	2,304,025	33,816	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	5,042,323	0.011513	893,365	10,285	68.00
68.01	06801	NEURO REHAB	271,508	10,720,103	0.025327	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	6,616,359	23,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	475,842	9,052	70.00
70.01	03950	NUTRITION SUPPORT	50,695	469,764	0.107916	118,308	12,767	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	29,484,472	438,611	70.03
70.04	03953	CARDIAC REHA SERVICES	101,951	1,925,642	0.052944	434	23	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	26,390,159	255,510	71.00
71.01	07101	COST OF SOLUTIONS	173,253	67,690,226	0.002559	15,666,724	40,091	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	32,320,045	319,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	45,812,363	588,414	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	1,163,128	15,160	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,599	1,859,052	0.036900	47,840	1,765	90.00
90.01	09001	ANTI COAG CLINIC	112,845	3,620,241	0.031171	1,760	55	90.01
91.00	09100	EMERGENCY	2,740,639	208,143,317	0.013167	17,334,951	228,249	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,311,678	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	1,029,240	3,361	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	41,045,970	2,757,618,083		366,101,836	5,340,311	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	412	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	29	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	1	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	16	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	2	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	461	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	412	114,512	0.00	33,717	30.00
31.00	03100	INTENSIVE CARE UNIT		29	34,126	0.00	6,713	31.00
31.01	03101	PEDIATRIC ICU		1	1,278	0.00	0	31.01
31.02	03102	NEONATAL ICU		16	8,504	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1	18,940	0.00	5,052	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,670	0.00	2,085	41.00
43.00	04300	NURSERY		0	5,910	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		2	12,098	0.00	4,922	44.00
200.00		Total (lines 30 through 199)		461	202,038		52,489	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
31.01	03101	PEDIATRIC ICU	0					31.01
31.02	03102	NEONATAL ICU	0					31.02
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description	Title XVIII			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	71	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	13	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	3	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	168	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	100,974	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	357	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	0	17	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	22	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	12	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	2	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	806,697	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	53	90.01
91.00	09100	EMERGENCY	0	0	0	0	9	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	55	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	908,477	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 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	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	55	55	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	908,477	908,477	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	73,247,389	0	37,873,214	0	50.00	
50.01	05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	6,589,857	0	18,137,383	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	39,977,523	0	55,758,972	0	54.00	
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01	
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02	
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03	
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04	
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05	
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06	
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07	
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08	
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	835,669	0	36,338,026	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	900,812	0	1,265,363	0	56.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,669,847	0	5,827,053	0	58.00	
60.00	06000 LABORATORY	0.000416	32,521,135	13,529	187,277	78	60.00	
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	2,460,609	0	4,973,981	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	2,906,913	93	574,320	18	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	12,982,654	0	1,102,206	0	65.00	
65.02	06502 DIALYSIS	0.000003	2,453,459	7	174,317	1	65.02	
65.03	03330 ENDOSCOPY	0.000000	5,153,399	0	12,188,779	0	65.03	
66.00	06600 PHYSICAL THERAPY	0.000001	2,743,555	3	0	0	66.00	
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01	
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,304,025	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	893,365	0	0	0	68.00	
68.01	06801 NEURO REHAB	0.000001	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,616,359	0	12,710,062	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	475,842	0	1,487,634	0	70.00	
70.01	03950 NUTRITION SUPPORT	0.000000	118,308	0	20,526	0	70.01	
70.03	03952 CARDIAC CATH LAB	0.000000	29,484,472	0	18,935,948	0	70.03	
70.04	03953 CARDIAC REHA SERVICES	0.000000	434	0	663,380	0	70.04	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,390,159	0	14,968,826	0	71.00	
71.01	07101 COST OF SOLUTIONS	0.000000	15,666,724	0	3,038,569	0	71.01	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,320,045	0	18,634,816	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002346	45,812,363	107,476	53,948,893	126,564	73.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	1,163,128	0	2,238,454	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	47,840	0	279,119	0	90.00	
90.01	09001 ANTI COAG CLINIC	0.000015	1,760	0	416,310	6	90.01	
91.00	09100 EMERGENCY	0.000000	17,334,951	0	18,518,870	0	91.00	
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	35,841	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	1,029,240	0	5,778,467	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		366,101,836	121,108	326,076,606	126,667	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 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	0.117416	37,873,214	0	0	4,446,921	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.106907	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.126444	18,137,383	0	0	2,293,363	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.446245	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.065418	55,758,972	0	0	3,647,640	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.387538	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	16.229908	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.137906	36,338,026	0	0	5,011,232	55.00
56.00	05600 RADIOISOTOPE	0.139093	1,265,363	0	0	176,003	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104960	5,827,053	0	0	611,607	58.00
60.00	06000 LABORATORY	0.139513	187,277	0	0	26,128	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.329860	4,973,981	0	0	1,640,717	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	574,320	0	0	237,190	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.233604	1,102,206	0	0	257,480	65.00
65.02	06502 DIALYSIS	0.585436	174,317	0	0	102,051	65.02
65.03	03330 ENDOSCOPY	0.088779	12,188,779	0	0	1,082,108	65.03
66.00	06600 PHYSICAL THERAPY	0.403051	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.379356	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.331463	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0.341975	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.061499	12,710,062	0	0	781,656	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166927	1,487,634	0	0	248,326	70.00
70.01	03950 NUTRITION SUPPORT	2.910470	20,526	0	0	59,740	70.01
70.03	03952 CARDIAC CATH LAB	0.087574	18,935,948	0	0	1,658,297	70.03
70.04	03953 CARDIAC REHA SERVICES	0.330661	663,380	0	0	219,354	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	14,968,826	0	0	4,013,247	71.00
71.01	07101 COST OF SOLUTIONS	0.062440	3,038,569	0	0	189,728	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273591	18,634,816	0	0	5,098,318	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232038	53,948,893	0	0	12,518,193	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.204183	2,238,454	0	0	457,054	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.639890	279,119	0	0	178,605	90.00
90.01	09001 ANTI COAG CLINIC	0.494715	416,310	0	0	205,955	90.01
91.00	09100 EMERGENCY	0.133223	18,518,870	0	0	2,467,139	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.323843	35,841	0	0	11,607	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.047209	5,778,467	0	0	272,796	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.607795		0	0		95.00
200.00	Subtotal (see instructions)		326,076,606	0	0	47,912,455	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		326,076,606	0	0	47,912,455	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	50.01
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
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.02	06502	DIALYSIS	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	NEURO REHAB	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,687,802	399,333,150	0.021756	21,801	474	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	0	50.01
51.00	05100	RECOVERY ROOM	1,332,989	82,380,163	0.016181	41,797	676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	303,535	3,033	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	0	54.05
54.06	05406	RADIOLOGY - CMP	132	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	0	0	55.00
56.00	05600	RADIOISOTOPE	126,802	6,782,489	0.018695	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	13,075	267	58.00
60.00	06000	LABORATORY	3,470,381	242,579,300	0.014306	700,218	10,017	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	879,608	36,113,800	0.024357	4,989	122	65.00
65.02	06502	DIALYSIS	185,720	5,724,748	0.032442	22,674	736	65.02
65.03	03330	ENDOSCOPY	1,785,690	108,204,989	0.016503	2,108	35	65.03
66.00	06600	PHYSICAL THERAPY	800,028	20,786,406	0.038488	80,849	3,112	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	74,560	1,094	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	5,042,323	0.011513	25,839	297	68.00
68.01	06801	NEURO REHAB	271,508	10,720,103	0.025327	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	54,735	194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	1,912	36	70.00
70.01	03950	NUTRITION SUPPORT	50,695	469,764	0.107916	7,740	835	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	101,951	1,925,642	0.052944	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	9,039	88	71.00
71.01	07101	COST OF SOLUTIONS	173,253	67,690,226	0.002559	47,781	122	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	768,508	9,871	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	14,434	188	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,599	1,859,052	0.036900	403	15	90.00
90.01	09001	ANTI COAG CLINIC	112,845	3,620,241	0.031171	0	0	90.01
91.00	09100	EMERGENCY	2,740,639	208,143,317	0.013167	807,030	10,626	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	32,993	108	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	39,734,292	2,757,618,083		3,036,020	41,946	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am			
Title XVIII			Subprovider - IPF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	71	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	13	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	168	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	100,974	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	357	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	17	65.02
65.03	03330	ENDOSCOPY	0	0	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	22	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	12	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	2	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	806,697	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	53	90.01
91.00	09100	EMERGENCY	0	0	0	9	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	908,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.000000	21,801	0	0	0
50.01 05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.000000	41,797	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	303,535	0	0	0
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	13,075	0	0	0
60.00 06000 LABORATORY	0.000416	700,218	291	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	0	0	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.000000	4,989	0	0	0
65.02 06502 DIALYSIS	0.000003	22,674	0	0	0
65.03 03330 ENDOSCOPY	0.000000	2,108	0	0	0
66.00 06600 PHYSICAL THERAPY	0.000001	80,849	0	0	0
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	74,560	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	25,839	0	0	0
68.01 06801 NEURO REHAB	0.000001	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	54,735	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	1,912	0	0	0
70.01 03950 NUTRITION SUPPORT	0.000000	7,740	0	0	0
70.03 03952 CARDIAC CATH LAB	0.000000	0	0	0	0
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,039	0	0	0
71.01 07101 COST OF SOLUTIONS	0.000000	47,781	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002346	768,508	1,803	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	14,434	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	403	0	0	0
90.01 09001 ANTI COAG CLINIC	0.000015	0	0	0	0
91.00 09100 EMERGENCY	0.000000	807,030	0	0	0
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	32,993	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)	3,036,020	2,094	0	0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,687,802	399,333,150	0.021756	38,657	841	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	0	50.01
51.00	05100	RECOVERY ROOM	1,332,989	82,380,163	0.016181	11,743	190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	223,719	2,236	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	0	54.05
54.06	05406	RADIOLOGY - CMP	132	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	40,843	813	55.00
56.00	05600	RADIOISOTOPE	126,802	6,782,489	0.018695	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	15,484	317	58.00
60.00	06000	LABORATORY	3,470,381	242,579,300	0.014306	315,486	4,513	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	5,478	134	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	9,526	132	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	879,608	36,113,800	0.024357	41,403	1,008	65.00
65.02	06502	DIALYSIS	185,720	5,724,748	0.032442	74,944	2,431	65.02
65.03	03330	ENDOSCOPY	1,785,690	108,204,989	0.016503	24,210	400	65.03
66.00	06600	PHYSICAL THERAPY	800,028	20,786,406	0.038488	1,000,904	38,523	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	995,160	14,606	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	5,042,323	0.011513	521,425	6,003	68.00
68.01	06801	NEURO REHAB	271,508	10,720,103	0.025327	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	49,449	175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	4,708	90	70.00
70.01	03950	NUTRITION SUPPORT	50,695	469,764	0.107916	6,238	673	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	101,951	1,925,642	0.052944	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	72,496	702	71.00
71.01	07101	COST OF SOLUTIONS	173,253	67,690,226	0.002559	55,728	143	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	50,025	494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	435,522	5,594	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	51,039	665	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,599	1,859,052	0.036900	1,482	55	90.00
90.01	09001	ANTI COAG CLINIC	112,845	3,620,241	0.031171	0	0	90.01
91.00	09100	EMERGENCY	2,740,639	208,143,317	0.013167	25,291	333	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	30,498	100	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	39,734,292	2,757,618,083		4,101,458	81,171	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	71	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	13	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	3	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	168	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	100,974	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	357	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502 DIALYSIS	0	0	0	0	17	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	16	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	22	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	12	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	2	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	806,697	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	1	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	53	90.01
91.00	09100 EMERGENCY	0	0	0	0	9	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	908,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am				
Title XVIII			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	38,657	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	11,743	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	223,719	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	40,843	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	15,484	0	0	0	58.00
60.00	06000	LABORATORY	0.000416	315,486	131	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	5,478	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	9,526	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	41,403	0	0	0	65.00
65.02	06502	DIALYSIS	0.000003	74,944	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	24,210	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000001	1,000,904	1	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	995,160	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	521,425	0	0	0	68.00
68.01	06801	NEURO REHAB	0.000001	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	49,449	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,708	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	6,238	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	72,496	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	55,728	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	50,025	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002346	435,522	1,022	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	51,039	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	1,482	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	25,291	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	30,498	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50 through 199)		4,101,458	1,154	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	71	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	13	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	3	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	168	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	100,974	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	3	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	357	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502 DIALYSIS	0	0	0	0	17	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	16	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	22	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	12	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	2	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	806,697	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	1	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	53	90.01
91.00	09100 EMERGENCY	0	0	0	0	9	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	908,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am		
				Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	34,346	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	92,829	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	214,327	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	132,472	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	8,018	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	33,183	0	0	58.00
60.00	06000	LABORATORY	0.000416	518,683	216	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	6,038	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	16,099	1	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	190,888	0	0	65.00
65.02	06502	DIALYSIS	0.000003	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	4,460	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000001	1,517,181	2	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,408,910	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	186,668	0	0	68.00
68.01	06801	NEURO REHAB	0.000001	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	14,446	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	130	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	2,146	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	226,488	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	416,451	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	167	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002346	2,440,494	5,725	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	266,498	0	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,537	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	80,457	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50 through 199)		7,812,916	5,944	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,615,494	0	9,615,494	114,512	83.97	30.00
31.00	INTENSIVE CARE UNIT	4,504,382		4,504,382	34,126	131.99	31.00
31.01	PEDIATRIC ICU	312,088		312,088	1,278	244.20	31.01
31.02	NEONATAL ICU	947,872		947,872	8,504	111.46	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,674,167	0	1,674,167	18,940	88.39	40.00
41.00	SUBPROVIDER - IRF	546,300	0	546,300	6,670	81.90	41.00
43.00	NURSERY	272,819		272,819	5,910	46.16	43.00
44.00	SKILLED NURSING FACILITY	726,521		726,521	12,098	60.05	44.00
200.00	Total (lines 30 through 199)	18,599,643		18,599,643	202,038		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	4,141	347,720	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	626	55,332	40.00
41.00	SUBPROVIDER - IRF	303	24,816	41.00
43.00	NURSERY	1,424	65,732	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30 through 199)	6,494	493,600	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,687,802	399,333,150	0.021756	6,302,625	137,120	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	0	50.01
51.00	05100 RECOVERY ROOM	1,332,989	82,380,163	0.016181	518,972	8,397	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	1,295,262	152,290	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	3,136,406	31,342	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	0	54.05
54.06	05406 RADIOLOGY - CMP	132	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	55,944	1,114	55.00
56.00	05600 RADIOISOTOPE	126,802	6,782,489	0.018695	57,784	1,080	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	308,304	6,306	58.00
60.00	06000 LABORATORY	3,470,381	242,579,300	0.014306	3,064,833	43,846	60.00
60.01	06001 ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	198,819	4,847	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	259,668	3,610	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	879,608	36,113,800	0.024357	1,837,886	44,765	65.00
65.02	06502 DIALYSIS	185,720	5,724,748	0.032442	197,422	6,405	65.02
65.03	03330 ENDOSCOPY	1,785,690	108,204,989	0.016503	414,407	6,839	65.03
66.00	06600 PHYSICAL THERAPY	800,028	20,786,406	0.038488	299,216	11,516	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	291,638	4,280	67.00
68.00	06800 SPEECH PATHOLOGY	58,054	5,042,323	0.011513	225,547	2,597	68.00
68.01	06801 NEURO REHAB	271,508	10,720,103	0.025327	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	150,487	533	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	84,145	1,601	70.00
70.01	03950 NUTRITION SUPPORT	50,695	469,764	0.107916	12,480	1,347	70.01
70.03	03952 CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	1,117,193	16,619	70.03
70.04	03953 CARDIAC REHA SERVICES	101,951	1,925,642	0.052944	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	2,032,183	19,676	71.00
71.01	07101 COST OF SOLUTIONS	173,253	67,690,226	0.002559	1,829,010	4,680	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	1,236,866	12,223	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	4,948,306	63,556	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	224,457	2,926	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	68,599	1,859,052	0.036900	4,345	160	90.00
90.01	09001 ANTI COAG CLINIC	112,845	3,620,241	0.031171	0	0	90.01
91.00	09100 EMERGENCY	2,740,639	208,143,317	0.013167	1,424,994	18,763	91.00
91.01	09101 PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,311,678	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	85,158	278	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	41,045,970	2,757,618,083		31,614,357	608,716	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
Title XIX		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	412	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	29	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	1	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	16	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	2	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	461	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS		4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	412	114,512	0.00	4,141	30.00
31.00	03100	INTENSIVE CARE UNIT		29	34,126	0.00	0	31.00
31.01	03101	PEDIATRIC ICU		1	1,278	0.00	0	31.01
31.02	03102	NEONATAL ICU		16	8,504	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1	18,940	0.00	626	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,670	0.00	303	41.00
43.00	04300	NURSERY		0	5,910	0.00	1,424	43.00
44.00	04400	SKILLED NURSING FACILITY		2	12,098	0.00	0	44.00
200.00		Total (lines 30 through 199)		461	202,038		6,494	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS		9.00						
30.00	03000	ADULTS & PEDIATRICS	0				30.00	
31.00	03100	INTENSIVE CARE UNIT	0				31.00	
31.01	03101	PEDIATRIC ICU	0				31.01	
31.02	03102	NEONATAL ICU	0				31.02	
32.00	03200	CORONARY CARE UNIT	0				32.00	
40.00	04000	SUBPROVIDER - IPF	0				40.00	
41.00	04100	SUBPROVIDER - IRF	0				41.00	
43.00	04300	NURSERY	0				43.00	
44.00	04400	SKILLED NURSING FACILITY	0				44.00	
200.00		Total (lines 30 through 199)	0				200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	71		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	13		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	3		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	168		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
60.00 06000 LABORATORY	0	0	0	0	100,974		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	3		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	357		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3		65.00
65.02 06502 DIALYSIS	0	0	0	0	17		65.02
65.03 03330 ENDOSCOPY	0	0	0	0	16		65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	22		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
68.01 06801 NEURO REHAB	0	0	0	0	12		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	2		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	806,697		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	1		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	53		90.01
91.00 09100 EMERGENCY	0	0	0	0	9		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0		95.00
200.00 Total (lines 50 through 199)	0	0	0	0	908,422		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 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	71	71	399,333,150	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00 06000 LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02 06502 DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03 03330 ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01 06801 NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01 09001 ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00 09100 EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am
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Cost Center Description	Title XIX					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	6,302,625	0	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	518,972	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,295,262	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,136,406	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	55,944	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	57,784	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	308,304	0	0	0	58.00
60.00 06000 LABORATORY	0.000416	3,064,833	1,275	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	198,819	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	259,668	8	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000000	1,837,886	0	0	0	65.00
65.02 06502 DIALYSIS	0.000003	197,422	1	0	0	65.02
65.03 03330 ENDOSCOPY	0.000000	414,407	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0.000001	299,216	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	291,638	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	225,547	0	0	0	68.00
68.01 06801 NEURO REHAB	0.000001	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.000000	150,487	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	84,145	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0.000000	12,480	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0.000000	1,117,193	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,032,183	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0.000000	1,829,010	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,236,866	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002346	4,948,306	11,609	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	224,457	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	4,345	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0.000015	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.000000	1,424,994	0	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	85,158	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		31,614,357	12,893	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.117416	0	3,104,038	0	0
50.01 05001 PARKVIEW PREMIER SURGERY	0.106907	0	0	0	0
51.00 05100 RECOVERY ROOM	0.126444	0	954,994	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.446245	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.065418	0	3,846,263	0	0
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0
54.05 05405 RADIOLOGY - NHMP	0.387538	0	0	0	0
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0
54.08 05408 RADIOLOGY - PULM CLINIC	16.229908	0	0	0	0
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.137906	0	2,519,398	0	0
56.00 05600 RADIOISOTOPE	0.139093	0	84,708	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104960	0	470,800	0	0
60.00 06000 LABORATORY	0.139513	0	1,989,699	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.329860	0	151,228	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	0	41,020	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.233604	0	118,735	0	0
65.02 06502 DIALYSIS	0.585436	0	12,724	0	0
65.03 03330 ENDOSCOPY	0.088779	0	373,218	0	0
66.00 06600 PHYSICAL THERAPY	0.403051	0	357,071	0	0
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.379356	0	279,761	0	0
68.00 06800 SPEECH PATHOLOGY	0.331463	0	346,383	0	0
68.01 06801 NEURO REHAB	0.341975	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.061499	0	528,742	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.166927	0	292,723	0	0
70.01 03950 NUTRITION SUPPORT	2.910470	0	5,070	0	0
70.03 03952 CARDIAC CATH LAB	0.087574	0	455,900	0	0
70.04 03953 CARDIAC REHA SERVICES	0.330661	0	217	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	0	934,674	0	0
71.01 07101 COST OF SOLUTIONS	0.062440	0	314,209	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.273591	0	1,726,485	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232038	0	3,295,552	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.204183	0	121,567	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.639890	0	14,577	0	0
90.01 09001 ANTI COAG CLINIC	0.494715	0	5,940	0	0
91.00 09100 EMERGENCY	0.133223	0	3,560,573	0	0
91.01 09101 PARTIAL HOSPITALIZATION	0.323843	0	5,090	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.047209	0	726,612	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.607795	0	337,779	0	0
200.00	Subtotal (see instructions)	0	26,975,750	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)	0	26,975,750	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	364,464	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	50.01
51.00	05100 RECOVERY ROOM	120,753	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	251,615	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	347,440	0	55.00
56.00	05600 RADIOISOTOPE	11,782	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	49,415	0	58.00
60.00	06000 LABORATORY	277,589	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	49,884	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	16,941	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	27,737	0	65.00
65.02	06502 DIALYSIS	7,449	0	65.02
65.03	03330 ENDOSCOPY	33,134	0	65.03
66.00	06600 PHYSICAL THERAPY	143,918	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	106,129	0	67.00
68.00	06800 SPEECH PATHOLOGY	114,813	0	68.00
68.01	06801 NEURO REHAB	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	32,517	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	48,863	0	70.00
70.01	03950 NUTRITION SUPPORT	14,756	0	70.01
70.03	03952 CARDIAC CATH LAB	39,925	0	70.03
70.04	03953 CARDIAC REHA SERVICES	72	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	250,593	0	71.00
71.01	07101 COST OF SOLUTIONS	19,619	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	472,351	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	764,693	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	24,822	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	9,328	0	90.00
90.01	09001 ANTI COAG CLINIC	2,939	0	90.01
91.00	09100 EMERGENCY	474,350	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	1,648	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	34,303	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	205,300	0	95.00
200.00	Subtotal (see instructions)	4,319,142	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	4,319,142	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am		
Title XIX				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,687,802	399,333,150	0.021756	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	0	50.01
51.00	05100	RECOVERY ROOM	1,332,989	82,380,163	0.016181	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	21,992	220	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	0	54.05
54.06	05406	RADIOLOGY - CMP	132	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	0	0	55.00
56.00	05600	RADIO SOTOPE	126,802	6,782,489	0.018695	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	0	0	58.00
60.00	06000	LABORATORY	3,470,381	242,579,300	0.014306	98,585	1,410	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	879,608	36,113,800	0.024357	229	6	65.00
65.02	06502	DIALYSIS	185,720	5,724,748	0.032442	0	0	65.02
65.03	03330	ENDOSCOPY	1,785,690	108,204,989	0.016503	0	0	65.03
66.00	06600	PHYSICAL THERAPY	800,028	20,786,406	0.038488	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	5,042,323	0.011513	0	0	68.00
68.01	06801	NEURO REHAB	271,508	10,720,103	0.025327	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	8,127	29	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	0	0	70.00
70.01	03950	NUTRITION SUPPORT	50,695	469,764	0.107916	1,222	132	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	101,951	1,925,642	0.052944	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	696	7	71.00
71.01	07101	COST OF SOLUTIONS	173,253	67,690,226	0.002559	2,870	7	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	123,818	1,590	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,599	1,859,052	0.036900	0	0	90.00
90.01	09001	ANTI COAG CLINIC	112,845	3,620,241	0.031171	0	0	90.01
91.00	09100	EMERGENCY	2,740,639	208,143,317	0.013167	315,067	4,148	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	7,062	23	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	39,734,292	2,757,618,083		579,668	7,572	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am			
Title XIX			Subprovider - IPF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	71	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	13	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	168	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	100,974	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	357	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	17	65.02
65.03	03330	ENDOSCOPY	0	0	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	22	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	12	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	2	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	806,697	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	53	90.01
91.00	09100	EMERGENCY	0	0	0	9	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	908,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am				
Title XIX			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am		
Cost Center Description			Title XIX		Subprovider - IPF	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	21,992	0	0
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0
60.00	06000	LABORATORY	0.000416	98,585	41	0
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	229	0	0
65.02	06502	DIALYSIS	0.000003	0	0	0
65.03	03330	ENDOSCOPY	0.000000	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000001	0	0	0
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0
68.01	06801	NEURO REHAB	0.000001	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,127	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0
70.01	03950	NUTRITION SUPPORT	0.000000	1,222	0	0
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	696	0	0
71.01	07101	COST OF SOLUTIONS	0.000000	2,870	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002346	123,818	290	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0
91.00	09100	EMERGENCY	0.000000	315,067	0	0
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	7,062	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				
200.00		Total (Lines 50 through 199)		579,668	331	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 am
	Title XIX	Subprovider - IPF	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	0.117416	0	0	0	0 50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.106907	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.126444	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.446245	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.065418	0	0	0	0 54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0.387538	0	0	0	0 54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	16.229908	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.137906	0	77	0	0 55.00
56.00 05600 RADIOISOTOPE	0.139093	0	0	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104960	0	0	0	0 58.00
60.00 06000 LABORATORY	0.139513	0	891	0	0 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.329860	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	0	0	0	0 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0.233604	0	0	0	0 65.00
65.02 06502 DIALYSIS	0.585436	0	0	0	0 65.02
65.03 03330 ENDOSCOPY	0.088779	0	0	0	0 65.03
66.00 06600 PHYSICAL THERAPY	0.403051	0	0	0	0 66.00
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0 66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.379356	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.331463	0	0	0	0 68.00
68.01 06801 NEURO REHAB	0.341975	0	0	0	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0.061499	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.166927	0	0	0	0 70.00
70.01 03950 NUTRITION SUPPORT	2.910470	0	0	0	0 70.01
70.03 03952 CARDIAC CATH LAB	0.087574	0	0	0	0 70.03
70.04 03953 CARDIAC REHA SERVICES	0.330661	0	0	0	0 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	0	0	0	0 71.00
71.01 07101 COST OF SOLUTIONS	0.062440	0	0	0	0 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.273591	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232038	0	465	0	0 73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.204183	0	0	0	0 76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.639890	0	0	0	0 90.00
90.01 09001 ANTI COAG CLINIC	0.494715	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.133223	0	8,417	0	0 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.323843	0	5,914	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.047209	0	5,995	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.607795	0	0	0	95.00
200.00	Subtotal (see instructions)	0	21,759	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	21,759	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:17 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	50.01
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
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	11	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	124	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	108	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
91.00 09100 EMERGENCY	1,121	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	1,915	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	283	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	3,562	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	3,562	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:17 am	
Title XIX				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,687,802	399,333,150	0.021756	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	708,087	53,043,061	0.013349	0	50.01
51.00	05100	RECOVERY ROOM	1,332,989	82,380,163	0.016181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	441,556	3,755,529	0.117575	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,251,424	425,425,577	0.009993	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	73,223	1,251,348	0.058515	0	54.05
54.06	05406	RADIOLOGY - CMP	132	0	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	127,368	19,734	6.454241	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1,797,461	90,279,765	0.019910	0	55.00
56.00	05600	RADIO SOTOPE	126,802	6,782,489	0.018695	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,684	24,869,620	0.020454	0	58.00
60.00	06000	LABORATORY	3,470,381	242,579,300	0.014306	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	290,765	11,927,128	0.024378	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	154,292	11,098,621	0.013902	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	879,608	36,113,800	0.024357	0	65.00
65.02	06502	DIALYSIS	185,720	5,724,748	0.032442	0	65.02
65.03	03330	ENDOSCOPY	1,785,690	108,204,989	0.016503	0	65.03
66.00	06600	PHYSICAL THERAPY	800,028	20,786,406	0.038488	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,015	13,696,137	0.014677	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,054	5,042,323	0.011513	0	68.00
68.01	06801	NEURO REHAB	271,508	10,720,103	0.025327	0	68.01
69.00	06900	ELECTROCARDIOLOGY	115,485	32,614,814	0.003541	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,541	5,705,877	0.019023	0	70.00
70.01	03950	NUTRITION SUPPORT	50,695	469,764	0.107916	0	70.01
70.03	03952	CARDIAC CATH LAB	2,161,524	145,300,283	0.014876	0	70.03
70.04	03953	CARDIAC REHA SERVICES	101,951	1,925,642	0.052944	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,508,362	155,785,999	0.009682	0	71.00
71.01	07101	COST OF SOLUTIONS	173,253	67,690,226	0.002559	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,614,996	163,423,662	0.009882	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,417,027	343,892,890	0.012844	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	178,683	13,708,757	0.013034	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	68,599	1,859,052	0.036900	0	90.00
90.01	09001	ANTI COAG CLINIC	112,845	3,620,241	0.031171	0	90.01
91.00	09100	EMERGENCY	2,740,639	208,143,317	0.013167	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	38,261	2,010,795	0.019028	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,842	58,432,773	0.003266	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	39,734,292	2,757,618,083		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am			
Title XIX			Subprovider - IRF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	71	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	13	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	168	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	100,974	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	3	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	357	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	17	65.02
65.03	03330	ENDOSCOPY	0	0	0	16	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	22	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	12	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	2	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	806,697	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	1	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	53	90.01
91.00	09100	EMERGENCY	0	0	0	9	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	908,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am				
Title XIX			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71	71	399,333,150	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	13	13	53,043,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	3	3	82,380,163	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,755,529	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168	168	425,425,577	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,251,348	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	19,734	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	90,279,765	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,782,489	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	24,869,620	0.000000	58.00
60.00	06000	LABORATORY	0	100,974	100,974	242,579,300	0.000416	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	3	3	11,927,128	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	357	357	11,098,621	0.000032	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	36,113,800	0.000000	65.00
65.02	06502	DIALYSIS	0	17	17	5,724,748	0.000003	65.02
65.03	03330	ENDOSCOPY	0	16	16	108,204,989	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	22	22	20,786,406	0.000001	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,696,137	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,042,323	0.000000	68.00
68.01	06801	NEURO REHAB	0	12	12	10,720,103	0.000001	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,614,814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,705,877	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	469,764	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	2	2	145,300,283	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	1,925,642	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	155,785,999	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	67,690,226	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	163,423,662	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	806,697	806,697	343,892,890	0.002346	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	1	13,708,757	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,859,052	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	0	53	53	3,620,241	0.000015	90.01
91.00	09100	EMERGENCY	0	9	9	208,143,317	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,010,795	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1	1	58,432,773	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	908,422	908,422	2,757,618,083		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:17 am			
Cost Center Description			Title XIX	Subprovider - IRF	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	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
60.00	06000	LABORATORY	0.000416	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000032	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
65.02	06502	DIALYSIS	0.000003	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000001	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	06801	NEURO REHAB	0.000001	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002346	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 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)		114,512	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,512	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)		98,891	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)		33,717	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)		101,297,868	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)		101,297,868	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)		101,297,868	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)		884.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,826,058	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)		29,826,058	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 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	42,041,281	34,126	1,231.94	6,713	8,270,013	43.00
43.01 PEDIATRIC ICU	3,071,206	1,278	2,403.13	0	0	43.01
43.02 NEONATAL ICU	8,153,790	8,504	958.82	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 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)					60,009,682	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					98,105,753	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)					3,717,265	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,461,419	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,178,684	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					88,927,069	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)					15,621	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.60	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					13,818,337	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0021

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

Worksheet D-1

Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,615,494	101,297,868	0.094923	13,818,337	1,311,678	90.00
91.00	Nursing School cost	0	101,297,868	0.000000	13,818,337	0	91.00
92.00	Allied health cost	412	101,297,868	0.000004	13,818,337	55	92.00
93.00	All other Medical Education	0	101,297,868	0.000000	13,818,337	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			18,940 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			18,940 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			18,940 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)			5,052 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)			17,241,732 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)			17,241,732 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)			17,241,732 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)			910.33 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,598,987 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)			4,598,987 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 5/30/2018 9:17 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					533,775		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,132,762		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)					446,546		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,040		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					490,586		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,642,176		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,674,167	17,241,732	0.097100	0	0	90.00
91.00	Nursing School cost	0	17,241,732	0.000000	0	0	91.00
92.00	Allied health cost	1	17,241,732	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,241,732	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,670	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,670	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)		6,670	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)		2,085	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)		5,303,581	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)		5,303,581	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)		5,303,581	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)		795.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,657,867	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)		1,657,867	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 15-T021		Date/Time Prepared: 5/30/2018 9:17 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					1,263,024		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,920,891		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)					170,762		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					82,325		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					253,087		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,667,804		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	546,300	5,303,581	0.103006	0	0	90.00
91.00	Nursing School cost	0	5,303,581	0.000000	0	0	91.00
92.00	Allied health cost	0	5,303,581	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,303,581	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,098	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,098	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)		12,098	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)		4,922	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)		7,287,823	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)		7,287,823	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)		7,287,823	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	PEDIATRIC ICU						43.01
43.02	NEONATAL ICU						43.02
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					7,287,823	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					602.40	71.00
72.00	Program routine service cost (line 9 x line 71)					2,965,013	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,965,013	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,965,013	83.00
84.00	Program inpatient ancillary services (see instructions)					2,107,134	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					5,072,147	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 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)		114,512	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,512	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)		98,891	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)		4,141	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		5,910	15.00
16.00	Nursery days (title V or XIX only)		1,424	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)		101,297,868	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)		101,297,868	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)		101,297,868	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)		884.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,663,129	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)		3,663,129	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	5,646,896	5,910	955.48	1,424	1,360,604	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	42,041,281	34,126	1,231.94	0	0	43.00
43.01	PEDIATRIC ICU	3,071,206	1,278	2,403.13	0	0	43.01
43.02	NEONATAL ICU	8,153,790	8,504	958.82	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					5,672,115	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,695,848	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)					413,452	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					621,609	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,035,061	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,660,787	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)					15,621	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					884.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,818,337	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,615,494	101,297,868	0.094923	13,818,337	1,311,678	90.00
91.00	Nursing School cost	0	101,297,868	0.000000	13,818,337	0	91.00
92.00	Allied health cost	412	101,297,868	0.000004	13,818,337	55	92.00
93.00	All other Medical Education	0	101,297,868	0.000000	13,818,337	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			18,940 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			18,940 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			18,940 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)			626 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			5,910 15.00
16.00	Nursery days (title V or XIX only)			1,424 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)			17,241,732 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)			17,241,732 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)			17,241,732 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)			910.33 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			569,867 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)			569,867 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 15-S021		Date/Time Prepared: 5/30/2018 9:17 am		
				Title XIX	Subprovider - IPF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 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)						90,989		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						660,856		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)						55,332		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						7,903		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						63,235		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						597,621		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,674,167	17,241,732	0.097100	0	0	90.00
91.00	Nursing School cost	0	17,241,732	0.000000	0	0	91.00
92.00	Allied health cost	1	17,241,732	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,241,732	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,670	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,670	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)		6,670	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)		303	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		5,910	15.00
16.00	Nursery days (title V or XIX only)		1,424	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)		5,303,581	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)		5,303,581	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)		5,303,581	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)		795.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		240,927	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)		240,927	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1		
				Component CCN: 15-T021		Date/Time Prepared: 5/30/2018 9:17 am		
				Title XIX	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 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)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						240,927		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)						24,816		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						24,816		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						216,111		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	546,300	5,303,581	0.103006	0	0	90.00
91.00	Nursing School cost	0	5,303,581	0.000000	0	0	91.00
92.00	Allied health cost	0	5,303,581	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,303,581	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		61,376,766	30.00
31.00	03100	INTENSIVE CARE UNIT		20,674,051	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	73,247,389	8,600,415 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	0 50.01
51.00	05100	RECOVERY ROOM	0.126444	6,589,857	833,248 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	39,977,523	2,615,250 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	835,669	115,500 55.00
56.00	05600	RADIOISOTOPE	0.139093	900,812	125,297 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	3,669,847	385,187 58.00
60.00	06000	LABORATORY	0.139513	32,521,135	4,537,121 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	2,460,609	811,656 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	2,906,913	1,200,535 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	12,982,654	3,033,358 65.00
65.02	06502	DIALYSIS	0.585436	2,453,459	1,436,343 65.02
65.03	03330	ENDOSCOPY	0.088779	5,153,399	457,514 65.03
66.00	06600	PHYSICAL THERAPY	0.403051	2,743,555	1,105,793 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	2,304,025	874,046 67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	893,365	296,117 68.00
68.01	06801	NEURO REHAB	0.341975	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	6,616,359	406,899 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	475,842	79,431 70.00
70.01	03950	NUTRITION SUPPORT	2.910470	118,308	344,332 70.01
70.03	03952	CARDIAC CATH LAB	0.087574	29,484,472	2,582,073 70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	434	144 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	26,390,159	7,075,386 71.00
71.01	07101	COST OF SOLUTIONS	0.062440	15,666,724	978,230 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	32,320,045	8,842,473 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	45,812,363	10,630,209 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.204742	1,163,128	238,141 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	47,840	30,612 90.00
90.01	09001	ANTI COAG CLINIC	0.494715	1,760	871 90.01
91.00	09100	EMERGENCY	0.134117	17,334,951	2,324,912 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	1,029,240	48,589 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		366,101,836	60,009,682 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		366,101,836	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		7,453,358	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	21,801	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	50.01
51.00	05100	RECOVERY ROOM	0.126444	41,797	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	303,535	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	0	55.00
56.00	05600	RADIOISOTOPE	0.139093	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	13,075	58.00
60.00	06000	LABORATORY	0.139513	700,218	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	4,989	65.00
65.02	06502	DIALYSIS	0.585436	22,674	65.02
65.03	03330	ENDOSCOPY	0.088779	2,108	65.03
66.00	06600	PHYSICAL THERAPY	0.403051	80,849	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	74,560	67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	25,839	68.00
68.01	06801	NEURO REHAB	0.341975	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	54,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	1,912	70.00
70.01	03950	NUTRITION SUPPORT	2.910470	7,740	70.01
70.03	03952	CARDIAC CATH LAB	0.087574	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	9,039	71.00
71.01	07101	COST OF SOLUTIONS	0.062440	47,781	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	768,508	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204742	14,434	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	403	90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	90.01
91.00	09100	EMERGENCY	0.134117	807,030	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	32,993	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,036,020	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)		3,036,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		3,067,792	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	38,657	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	50.01
51.00	05100	RECOVERY ROOM	0.126444	11,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	223,719	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	40,843	55.00
56.00	05600	RADIOISOTOPE	0.139093	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	15,484	58.00
60.00	06000	LABORATORY	0.139513	315,486	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	5,478	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	9,526	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	41,403	65.00
65.02	06502	DIALYSIS	0.585436	74,944	65.02
65.03	03330	ENDOSCOPY	0.088779	24,210	65.03
66.00	06600	PHYSICAL THERAPY	0.403051	1,000,904	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	995,160	67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	521,425	68.00
68.01	06801	NEURO REHAB	0.341975	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	49,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	4,708	70.00
70.01	03950	NUTRITION SUPPORT	2.910470	6,238	70.01
70.03	03952	CARDIAC CATH LAB	0.087574	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	72,496	71.00
71.01	07101	COST OF SOLUTIONS	0.062440	55,728	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	50,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	435,522	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204742	51,039	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	1,482	90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	90.01
91.00	09100	EMERGENCY	0.134117	25,291	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	30,498	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,101,458	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)		4,101,458	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	34,346	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	50.01
51.00	05100	RECOVERY ROOM	0.126444	92,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	214,327	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137906	132,472	55.00
56.00	05600	RADIOISOTOPE	0.139093	8,018	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	33,183	58.00
60.00	06000	LABORATORY	0.139513	518,683	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	6,038	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	16,099	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.233604	190,888	65.00
65.02	06502	DIALYSIS	0.585436	0	65.02
65.03	03330	ENDOSCOPY	0.088779	4,460	65.03
66.00	06600	PHYSICAL THERAPY	0.403051	1,517,181	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	1,408,910	67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	186,668	68.00
68.01	06801	NEURO REHAB	0.341975	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	14,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	0	70.00
70.01	03950	NUTRITION SUPPORT	2.910470	130	70.01
70.03	03952	CARDIAC CATH LAB	0.087574	2,146	70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	226,488	71.00
71.01	07101	COST OF SOLUTIONS	0.062440	416,451	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	2,440,494	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204183	266,498	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	1,537	90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	90.01
91.00	09100	EMERGENCY	0.133223	80,457	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,812,916	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)		7,812,916	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:17 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,876,928	30.00
31.00	03100	INTENSIVE CARE UNIT		2,465,704	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		3,210,058	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		199,472	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		252,720	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	6,302,625	740,029 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	0 50.01
51.00	05100	RECOVERY ROOM	0.126444	518,972	65,621 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	1,295,262	578,004 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	3,136,406	205,177 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	55,944	7,732 55.00
56.00	05600	RADIOISOTOPE	0.139093	57,784	8,037 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	308,304	32,360 58.00
60.00	06000	LABORATORY	0.139513	3,064,833	427,584 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	198,819	65,582 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	259,668	107,241 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	1,837,886	429,417 65.00
65.02	06502	DIALYSIS	0.585436	197,422	115,578 65.02
65.03	03330	ENDOSCOPY	0.088779	414,407	36,791 65.03
66.00	06600	PHYSICAL THERAPY	0.403051	299,216	120,599 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	291,638	110,635 67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	225,547	74,760 68.00
68.01	06801	NEURO REHAB	0.341975	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	150,487	9,255 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	84,145	14,046 70.00
70.01	03950	NUTRITION SUPPORT	2.910470	12,480	36,323 70.01
70.03	03952	CARDIAC CATH LAB	0.087574	1,117,193	97,837 70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	2,032,183	544,842 71.00
71.01	07101	COST OF SOLUTIONS	0.062440	1,829,010	114,203 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	1,236,866	338,395 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	4,948,306	1,148,195 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.204742	224,457	45,956 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	4,345	2,780 90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	0 90.01
91.00	09100	EMERGENCY	0.134117	1,424,994	191,116 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	85,158	4,020 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		31,614,357	5,672,115 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		31,614,357	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 15-S021		Date/Time Prepared: 5/30/2018 9:17 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,079,154	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	50.01
51.00	05100	RECOVERY ROOM	0.126444	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	21,992	1,439 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	0	55.00
56.00	05600	RADIOISOTOPE	0.139093	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	0	58.00
60.00	06000	LABORATORY	0.139513	98,585	13,754 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	229	54 65.00
65.02	06502	DIALYSIS	0.585436	0	65.02
65.03	03330	ENDOSCOPY	0.088779	0	65.03
66.00	06600	PHYSICAL THERAPY	0.403051	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	0	68.00
68.01	06801	NEURO REHAB	0.341975	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	8,127	500 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	0	70.00
70.01	03950	NUTRITION SUPPORT	2.910470	1,222	3,557 70.01
70.03	03952	CARDIAC CATH LAB	0.087574	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	696	187 71.00
71.01	07101	COST OF SOLUTIONS	0.062440	2,870	179 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	123,818	28,730 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204742	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	0	90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	90.01
91.00	09100	EMERGENCY	0.134117	315,067	42,256 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	7,062	333 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		579,668	90,989 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		579,668	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 5/30/2018 9:17 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		500,864	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.117416	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.106907	0	50.01
51.00	05100	RECOVERY ROOM	0.126444	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446245	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.065418	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.387538	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	16.229908	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138213	0	55.00
56.00	05600	RADIOISOTOPE	0.139093	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104960	0	58.00
60.00	06000	LABORATORY	0.139513	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.329860	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.412993	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.233647	0	65.00
65.02	06502	DIALYSIS	0.585436	0	65.02
65.03	03330	ENDOSCOPY	0.088779	0	65.03
66.00	06600	PHYSICAL THERAPY	0.403051	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.379356	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.331463	0	68.00
68.01	06801	NEURO REHAB	0.341975	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061499	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166927	0	70.00
70.01	03950	NUTRITION SUPPORT	2.910470	0	70.01
70.03	03952	CARDIAC CATH LAB	0.087574	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.330661	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268107	0	71.00
71.01	07101	COST OF SOLUTIONS	0.062440	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273591	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232038	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.204742	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.639890	0	90.00
90.01	09001	ANTI COAG CLINIC	0.494715	0	90.01
91.00	09100	EMERGENCY	0.134117	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.323843	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.047209	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:17 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)		55,089,588	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,515,307	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)		4,080,919	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		48,344,270	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		506.20	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)		8.32	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).		2.09	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)		10.41	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		16.81	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)		10.41	12.00
13.00	Total allowable FTE count for the prior year.		10.41	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.71	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		9.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019182	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019204	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019182	21.00
22.00	IME payment adjustment (see instructions)		757,196	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		504,182	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).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.40	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)		1.80	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.003556	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000950	27.00
28.00	IME add-on adjustment amount (see instructions)		68,975	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		45,927	28.01
29.00	Total IME payment (sum of lines 22 and 28)		826,171	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		550,109	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.60	31.00
32.00	Sum of lines 30 and 31		29.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.76	33.00
34.00	Disproportionate share adjustment (see instructions)		2,497,609	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:17 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	6,766,695,163	35.00
35.01	Factor 3 (see instructions)	0.000845543	0.000927266	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,054,219	6,274,526	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,780,278	1,581,526	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,361,804		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)	85,371,398		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)		85,921,507	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,216,794	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).		477,803	52.00
53.00	Nursing and Allied Health Managed Care payment		88,854	53.00
54.00	Special add-on payments for new technologies		7,321	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)		121,108	58.00
59.00	Total (sum of amounts on lines 49 through 58)		93,833,387	59.00
60.00	Primary payer payments		117,283	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		93,716,104	61.00
62.00	Deductibles billed to program beneficiaries		7,441,532	62.00
63.00	Coinurance billed to program beneficiaries		327,670	63.00
64.00	Allowable bad debts (see instructions)		1,020,922	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		663,599	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,020,922	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		86,610,501	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)		-219,467	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			0 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		86,391,034	71.00
71.01	Sequestration adjustment (see instructions)		1,727,821	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		85,271,952	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)		-608,739	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,218,574	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		47,785,788	2.00
3.00	OPPS payments		44,158,384	3.00
4.00	Outlier payment (see instructions)		402,562	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		126,667	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		44,687,613	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,046,984	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		36,640,629	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		205,914	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)		36,846,543	30.00
31.00	Primary payer payments		5,472	31.00
32.00	Subtotal (line 30 minus line 31)		36,841,071	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)		563,207	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		366,085	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		563,207	36.00
37.00	Subtotal (see instructions)		37,207,156	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		37,207,156	40.00
40.01	Sequestration adjustment (see instructions)		744,143	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		36,520,370	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-57,357	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: 15-0021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 9:17 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		85,169,902		36,465,420	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/26/2017	102,050	07/26/2017	54,950	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)		102,050		54,950	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)		85,271,952		36,520,370	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		608,739		57,357	6.02	
7.00	Total Medicare program liability (see instructions)		84,663,213		36,463,013	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-S021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Title XVIII

Subprovider -
IPF

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		3,665,811		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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)		3,665,811		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		2,199		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,668,010		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-T021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 9:17 am
PPS

Title XVIII

Subprovider -
IRF

		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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,976,883		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)		2,976,883		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		56,635		0	6.02
7.00	Total Medicare program liability (see instructions)		2,920,248		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-5516

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 9:17 am

Title XVIII

Skilled Nursing
Facility

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					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		1,881,244		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)		1,881,244		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		5,825		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,887,069		0	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: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,287,390 1.00
2.00	Net IPF PPS Outlier Payments			49,605 2.00
3.00	Net IPF PPS ECT Payments			9,020 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			51.890411 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,346,015 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,346,015 16.00
17.00	Primary payer payments			3,095 17.00
18.00	Subtotal (line 16 less line 17).			4,342,920 18.00
19.00	Deductibles			548,520 19.00
20.00	Subtotal (line 18 minus line 19)			3,794,400 20.00
21.00	Coinsurance			53,627 21.00
22.00	Subtotal (line 20 minus line 21)			3,740,773 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,740,773 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,094 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,742,867 31.00
31.01	Sequestration adjustment (see instructions)			74,857 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			3,665,811 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			2,199 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			49,605 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,763,892 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0028 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			147,592 3.00
4.00	Outlier Payments			98,133 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			18.273973 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,009,617 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,009,617 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,009,617 19.00
20.00	Deductibles			6,580 20.00
21.00	Subtotal (line 19 minus line 20)			3,003,037 21.00
22.00	Coinsurance			24,346 22.00
23.00	Subtotal (line 21 minus line 22)			2,978,691 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,978,691 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,154 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,979,845 32.00
32.01	Sequestration adjustment (see instructions)			59,597 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,976,883 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-56,635 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23,375 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			98,133 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,153,328	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		5,944	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,159,272	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		233,691	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,925,581	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,925,581	15.00
15.01	Sequestration adjustment (see instructions)		38,512	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		1,881,244	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		5,825	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 9:17 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.46	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			9.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.17	6.00
7.00	Enter the lesser of line 5 or line 6			9.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.17	0.00	17.17	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.99	0.00	9.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	9.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.90	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	12.90	0.00		17.00
18.00	Per resident amount	97,871.00	0.00		18.00
19.00	Approved amount for resident costs	1,262,536	0	1,262,536	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.18	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,012.00	23.00
24.00	Multiply line 22 time line 23			279,036	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,541,572	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,567	32,208		26.00
27.00	Total Inpatient Days (see instructions)	169,607	169,607		27.00
28.00	Ratio of inpatient days to total inpatient days	0.280454	0.189898		28.00
29.00	Program direct GME amount	432,340	292,741		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		41,364		30.00
31.00	Net Program direct GME amount			683,717	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		111,283,691	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		120,378	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		111,163,313	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		47,912,455	42.00
43.00	Primary payer payments (see instructions)		5,472	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		47,906,983	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		159,070,296	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.698831	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.301169	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		683,717	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		477,803	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		205,914	50.00

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

Provider CCN: 15-0021

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

Worksheet G

Date/Time Prepared:
5/30/2018 9:17 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	-227,062	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	138,881,842	0	0	0	4.00
5.00	Other receivable	-489,553,449	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	17,163,449	0	0	0	7.00
8.00	Prepaid expenses	2,606,956	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)	-331,128,264	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,770,319	0	0	0	12.00
13.00	Land improvements	67,503,714	0	0	0	13.00
14.00	Accumulated depreciation	-23,972,518	0	0	0	14.00
15.00	Buildings	540,725,704	0	0	0	15.00
16.00	Accumulated depreciation	-233,331,311	0	0	0	16.00
17.00	Leasehold improvements	11,612,026	0	0	0	17.00
18.00	Accumulated depreciation	-6,905,748	0	0	0	18.00
19.00	Fixed equipment	18,849,722	0	0	0	19.00
20.00	Accumulated depreciation	-8,135,229	0	0	0	20.00
21.00	Automobiles and trucks	7,728,131	0	0	0	21.00
22.00	Accumulated depreciation	-7,482,939	0	0	0	22.00
23.00	Major movable equipment	407,514,085	0	0	0	23.00
24.00	Accumulated depreciation	-201,393,822	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	72,938,809	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	652,420,943	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	24,136,518	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	26,060,843	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	50,197,361	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	371,490,040	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	44,110,201	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,739,663	0	0	0	38.00
39.00	Payroll taxes payable	13,464	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,461,197	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,324,525	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	4,497,248	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,497,248	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,821,773	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	303,668,267				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)	303,668,267	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	371,490,040	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 9:17 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		310,178,552		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		127,320,013			2.00
3.00	Total (sum of line 1 and line 2)		437,498,565		0	3.00
4.00	ASSET TRANSFERS ADDITIONS	935,664		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		935,664		0	10.00
11.00	Subtotal (line 3 plus line 10)		438,434,229		0	11.00
12.00	ASSET TRANSFERS DEDUCTIONS	134,765,961		0		12.00
13.00	ROUNDING	1		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		134,765,962		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		303,668,267		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	ASSET TRANSFERS ADDITIONS		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	ASSET TRANSFERS DEDUCTIONS		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	166,108,778		166,108,778	1.00
2.00	SUBPROVIDER - IPF	27,576,808		27,576,808	2.00
3.00	SUBPROVIDER - IRF	9,711,576		9,711,576	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	7,016,840		7,016,840	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)	210,414,002		210,414,002	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	94,382,246		94,382,246	11.00
11.01	PEDIATRIC ICU	4,203,026		4,203,026	11.01
11.02	NEONATAL ICU	36,184,109		36,184,109	11.02
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	134,769,381		134,769,381	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	345,183,383		345,183,383	17.00
18.00	Ancillary services	1,325,955,938	1,634,765,879	2,960,721,817	18.00
19.00	Outpatient services	0	0	0	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		20,894,940	20,894,940	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,766,108	12,766,108	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,671,139,321	1,668,426,927	3,339,566,248	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		894,480,685		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		894,480,685		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:
5/30/2018 9:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,339,566,248	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,368,763,125	2.00
3.00	Net patient revenues (line 1 minus line 2)	970,803,123	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	894,480,685	4.00
5.00	Net income from service to patients (line 3 minus line 4)	76,322,438	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	739,780	6.00
7.00	Income from investments	292,447	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	-2,405	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	3,090	12.00
13.00	Revenue from laundry and linen service	137,880	13.00
14.00	Revenue from meals sold to employees and guests	4,750,695	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	13,281,176	17.00
18.00	Revenue from sale of medical records and abstracts	285	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	7,049,687	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	14,975,583	24.00
24.01	HEALTH FITNESS INCOME	177,163	24.01
24.02	OTHER OPERATING INCOME	9,215,182	24.02
25.00	Total other income (sum of lines 6-24)	50,620,563	25.00
26.00	Total (line 5 plus line 25)	126,943,001	26.00
27.00	UNREALIZED LOSSES	-586,543	27.00
27.01	GAIN OF SALE OF ASSET	150,695	27.01
27.02	INCOME RELATED TO NON REIMBURSEABLE	-167,470	27.02
27.03	INTEREST EXPENSE	226,306	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	-377,012	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	127,320,013	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet H

HHA CCN: 15-7423

To 12/31/2017

Date/Time Prepared: 5/30/2018 9:17 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,509,291	498,549	0	0	1,441,456	3,449,296	5.00
HHA REIMBURSABLE SERVICES							
6.00	3,870,458	1,278,490	335,690	0	0	5,484,638	6.00
7.00	754,351	249,177	77,738	0	0	1,081,266	7.00
8.00	502,716	166,057	26,312	0	0	695,085	8.00
9.00	120,327	39,747	11,310	0	0	171,384	9.00
10.00	58,889	19,452	23,886	0	0	102,227	10.00
11.00	255,892	84,526	107,065	0	0	447,483	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	3,752,333	1,239,470	33,951	2,659,944	3,372,297	11,057,995	23.00
23.50	0	0	0	0	0	0	23.50
24.00	10,824,257	3,575,468	615,952	2,659,944	4,813,753	22,489,374	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-2,278,588	1,170,708	0	1,170,708			5.00
HHA REIMBURSABLE SERVICES							
6.00	-4,110,908	1,373,730	0	1,373,730			6.00
7.00	-2,689	1,078,577	0	1,078,577			7.00
8.00	-581	694,504	0	694,504			8.00
9.00	-16	171,368	0	171,368			9.00
10.00	-18,031	84,196	0	84,196			10.00
11.00	-336,935	110,548	0	110,548			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	-5,866,337	5,191,658	-378,984	4,812,674			23.00
23.50	0	0	0	0			23.50
24.00	-12,614,085	9,875,289	-378,984	9,496,305			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2017 To 12/31/2017		Worksheet H-1 Part I Date/Time Prepared: 5/30/2018 9:17 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,170,708	0	0	0	1,170,708	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,373,730	0	0	0	1,373,730	6.00
7.00	Physical Therapy	1,078,577	0	0	0	1,078,577	7.00
8.00	Occupational Therapy	694,504	0	0	0	694,504	8.00
9.00	Speech Pathology	171,368	0	0	0	171,368	9.00
10.00	Medical Social Services	84,196	0	0	0	84,196	10.00
11.00	Home Health Aide	110,548	0	0	0	110,548	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	4,812,674	0	0	0	4,812,674	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	9,496,305	0	0	0	9,496,305	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,170,708					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	193,168	1,566,898				6.00
7.00	Physical Therapy	151,665	1,230,242				7.00
8.00	Occupational Therapy	97,658	792,162				8.00
9.00	Speech Pathology	24,097	195,465				9.00
10.00	Medical Social Services	11,839	96,035				10.00
11.00	Home Health Aide	15,545	126,093				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	676,736	5,489,410				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		9,496,305				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2018 9:17 am

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,170,708	8,325,597
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,373,730
7.00	Physical Therapy	0	0	0	0	0	1,078,577
8.00	Occupational Therapy	0	0	0	0	0	694,504
9.00	Speech Pathology	0	0	0	0	0	171,368
10.00	Medical Social Services	0	0	0	0	0	84,196
11.00	Home Health Aide	0	0	0	0	0	110,548
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	4,812,674
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,170,708	8,325,597
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	1,170,708
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.140616

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2017

Part I
Date/Time Prepared: 5/30/2018 9:17 am

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	191,550	54,771	633,615	15,198	17,444	1.00	
2.00 Skilled Nursing Care	1,566,898	0	0	0	0	0	2.00	
3.00 Physical Therapy	1,230,242	0	0	0	0	0	3.00	
4.00 Occupational Therapy	792,162	0	0	0	0	0	4.00	
5.00 Speech Pathology	195,465	0	0	0	0	0	5.00	
6.00 Medical Social Services	96,035	0	0	0	0	0	6.00	
7.00 Home Health Aide	126,093	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	5,489,410	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	9,496,305	191,550	54,771	633,615	15,198	17,444	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	792	0	293	0	913,663	329,259	1.00	
2.00 Skilled Nursing Care	0	0	0	0	1,566,898	564,666	2.00	
3.00 Physical Therapy	0	0	0	0	1,230,242	443,345	3.00	
4.00 Occupational Therapy	0	0	0	0	792,162	285,473	4.00	
5.00 Speech Pathology	0	0	0	0	195,465	70,440	5.00	
6.00 Medical Social Services	0	0	0	0	96,035	34,608	6.00	
7.00 Home Health Aide	0	0	0	0	126,093	45,440	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	5,489,410	1,978,230	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	792	0	293	0	10,409,968	3,751,461	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2017

Part I Date/Time Prepared: 5/30/2018 9:17 am

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	165,637	134,918	599	169,292	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	165,637	134,918	599	169,292	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2017

Part I
Date/Time Prepared: 5/30/2018 9:17 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	717,856	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	717,856	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	25,070	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	25,070	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2017

Part I Date/Time Prepared: 5/30/2018 9:17 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00						
1.00 Administrative and General	0	0	0	41,338	2,497,632	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,131,564	0	2.00
3.00 Physical Therapy	0	0	0	0	1,673,587	0	3.00
4.00 Occupational Therapy	0	0	0	0	1,077,635	0	4.00
5.00 Speech Pathology	0	0	0	0	265,905	0	5.00
6.00 Medical Social Services	0	0	0	0	130,643	0	6.00
7.00 Home Health Aide	0	0	0	0	171,533	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	7,467,640	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	41,338	15,416,139	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	2,497,632						1.00
2.00 Skilled Nursing Care	2,131,564	412,112	2,543,676				2.00
3.00 Physical Therapy	1,673,587	323,568	1,997,155				3.00
4.00 Occupational Therapy	1,077,635	208,348	1,285,983				4.00
5.00 Speech Pathology	265,905	51,410	317,315				5.00
6.00 Medical Social Services	130,643	25,258	155,901				6.00
7.00 Home Health Aide	171,533	33,164	204,697				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	7,467,640	1,443,772	8,911,412				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	15,416,139	2,497,632	15,416,139				20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.193338					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/30/2018 9:17 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	17,607	30,828	7,292,570	172	483	959,552	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	17,607	30,828	7,292,570	172	483	959,552	20.00
21.00 Total cost to be allocated	191,550	54,771	633,615	15,198	17,444	792	21.00
22.00 Unit cost multiplier	10.879196	1.776664	0.086885	88.360465	36.115942	0.000825	22.00
Cost Center Description	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
	5.04	5.05	5.06	5A.07	5.07	5.08	
1.00 Administrative and General	0	20,894,940	0	0	913,663	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,566,898	0	2.00
3.00 Physical Therapy	0	0	0	0	1,230,242	0	3.00
4.00 Occupational Therapy	0	0	0	0	792,162	0	4.00
5.00 Speech Pathology	0	0	0	0	195,465	0	5.00
6.00 Medical Social Services	0	0	0	0	96,035	0	6.00
7.00 Home Health Aide	0	0	0	0	126,093	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	5,489,410	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	20,894,940	0		10,409,968	0	20.00
21.00 Total cost to be allocated	0	293	0		3,751,461	0	21.00
22.00 Unit cost multiplier	0.000000	0.000014	0.000000		0.360372	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2018 9:17 am
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	17,607	17,607	1	17,607	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	17,607	17,607	1	17,607	0	20.00
21.00	Total cost to be allocated	0	165,637	134,918	599	169,292	0	21.00
22.00	Unit cost multiplier	0.000000	9.407452	7.662748	599.000000	9.615039	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2018 9:17 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	2,284,142	0	0	0	331	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	2,284,142	0	0	0	331	20.00
21.00	Total cost to be allocated	0	717,856	0	0	0	25,070	21.00
22.00	Unit cost multiplier	0.000000	0.314278	0.000000	0.000000	0.000000	75.740181	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS (ASSIGNED TIME)	SERVICES-SALAR PRGM COSTS (ASSIGNED TIME)	SERVICES-OTHER (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/30/2018 9:17 am PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	2,284,142		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	2,284,142		20.00
21.00 Total cost to be allocated	0	0	41,338		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.018098		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/30/2018 9:17 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	2,543,676		2,543,676	34,330	74.09		1.00
2.00	Physical Therapy	3.00	1,997,155	0	1,997,155	8,372	238.55		2.00
3.00	Occupational Therapy	4.00	1,285,983	0	1,285,983	3,548	362.45		3.00
4.00	Speech Pathology	5.00	317,315	0	317,315	1,102	287.94		4.00
5.00	Medical Social Services	6.00	155,901		155,901	964	161.72		5.00
6.00	Home Health Aide	7.00	204,697		204,697	4,965	41.23		6.00
7.00	Total (sum of lines 1-6)		6,504,727	0	6,504,727	53,281			7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
		0	1.00	2.00	Part B				
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00		4.00		5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		23060	0	5,845				8.00
8.01	Skilled Nursing Care		99915	0	4,365				8.01
9.00	Physical Therapy		23060	0	1,742				9.00
9.01	Physical Therapy		99915	0	1,037				9.01
10.00	Occupational Therapy		23060	0	760				10.00
10.01	Occupational Therapy		99915	0	391				10.01
11.00	Speech Pathology		23060	0	249				11.00
11.01	Speech Pathology		99915	0	141				11.01
12.00	Medical Social Services		23060	0	205				12.00
12.01	Medical Social Services		99915	0	101				12.01
13.00	Home Health Aide		23060	0	959				13.00
13.01	Home Health Aide		99915	0	739				13.01
14.00	Total (sum of lines 8-13)			0	16,534				14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	10,210		0	756,459			1.00
2.00	Physical Therapy	0	2,779		0	662,930			2.00
3.00	Occupational Therapy	0	1,151		0	417,180			3.00
4.00	Speech Pathology	0	390		0	112,297			4.00
5.00	Medical Social Services	0	306		0	49,486			5.00
6.00	Home Health Aide	0	1,698		0	70,009			6.00
7.00	Total (sum of lines 1-6)	0	16,534		0	2,068,361			7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part I
Date/Time Prepared:
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Title XVIII

Home Health
Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	756,459							1.00
2.00	Physical Therapy	662,930							2.00
3.00	Occupational Therapy	417,180							3.00
4.00	Speech Pathology	112,297							4.00
5.00	Medical Social Services	49,486							5.00
6.00	Home Health Aide	70,009							6.00
7.00	Total (sum of lines 1-6)	2,068,361							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health
Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.403051	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.379356	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.331463	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.341975	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.268107	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.062440	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.232038	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	3,341,602	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	3,341,602	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,341,602	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,399,641
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	126,298
13.00	Total PPS Reimbursement - LUPA Episodes		0	85,616
14.00	Total PPS Reimbursement - PEP Episodes		0	30,162
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,641,717
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,641,717
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,641,717
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,641,717
30.00	MSP AND OTHER ADJ FROM PSR		0	-6,262
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,635,455
31.01	Sequestration adjustment (see instructions)		0	52,708
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,582,747
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-5
Date/Time Prepared:
5/30/2018 9:17 am
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,582,747	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,582,747	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,582,747	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2017

Date/Time Prepared: 5/30/2018 9:17 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,379,564	1,379,564	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	132,774	0	132,774	1,380,688	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	126,608	0	126,608	0	13.00
14.00	PHARMACY*	0	296,559	296,559	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		1,837,350	1,837,350	0	25.00
26.00	PHYSICIAN SERVICES**	418,067	11,930	429,997	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,230,799	100,014	2,330,813	0	28.00
29.00	LPN/LVN**	363,154	0	363,154	0	29.00
30.00	PHYSICAL THERAPY**	1,392	0	1,392	0	30.00
31.00	OCCUPATIONAL THERAPY**	301	0	301	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	8	0	8	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	566,442	18,031	584,473	0	33.00
34.00	SPIRITUAL COUNSELING**	215,873	15,149	231,022	0	34.00
35.00	DIETARY COUNSELING**	3,321	1,256	4,577	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	230,153	33,747	263,900	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	393,948	393,948	0	38.00
39.00	PATIENT TRANSPORTATION**	0	53,177	53,177	0	39.00
40.00	IMAGING SERVICES**	0	5,494	5,494	0	40.00
41.00	LABS & DIAGNOSTICS**	0	868	868	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	19,458	19,458	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	58,477	45,543	104,020	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,801	2,801	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	4,347,369	4,214,889	8,562,258	1,380,688	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet 0
		Hospice CCN: 15-1552		Date/Time Prepared: 5/30/2018 9:17 am
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,379,564	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,513,462	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	126,608	13.00
14.00	PHARMACY*	0	296,559	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,837,350	25.00
26.00	PHYSICIAN SERVICES**	0	429,997	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,330,813	28.00
29.00	LPN/LVN**	0	363,154	29.00
30.00	PHYSICAL THERAPY**	0	1,392	30.00
31.00	OCCUPATIONAL THERAPY**	0	301	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	8	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	584,473	33.00
34.00	SPIRITUAL COUNSELING**	0	231,022	34.00
35.00	DIETARY COUNSELING**	0	4,577	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	263,900	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	393,948	38.00
39.00	PATIENT TRANSPORTATION**	0	53,177	39.00
40.00	IMAGING SERVICES**	0	5,494	40.00
41.00	LABS & DIAGNOSTICS**	0	868	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	19,458	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	104,020	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,801	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	9,942,946	100.00

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

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

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

Provider CCN: 15-0021

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

Worksheet 0-1

Hospice CCN: 15-1552

Date/Time Prepared:
5/30/2018 9:17 am

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

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

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

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

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

Provider CCN: 15-0021

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

Worksheet 0-2

Hospice CCN: 15-1552

Date/Time Prepared: 5/30/2018 9:17 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	374,272	10,680	384,952	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,997,109	89,537	2,086,646	0	28.00
29.00	LPN/LVN	325,111	0	325,111	0	29.00
30.00	PHYSICAL THERAPY	1,246	0	1,246	0	30.00
31.00	OCCUPATIONAL THERAPY	269	0	269	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	7	0	7	0	32.00
33.00	MEDICAL SOCIAL SERVICES	507,103	16,142	523,245	0	33.00
34.00	SPIRITUAL COUNSELING	193,259	13,562	206,821	0	34.00
35.00	DIETARY COUNSELING	2,973	1,125	4,098	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	206,043	30,212	236,255	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	352,680	352,680	0	38.00
39.00	PATIENT TRANSPORTATION	0	47,606	47,606	0	39.00
40.00	IMAGING SERVICES	0	4,918	4,918	0	40.00
41.00	LABS & DIAGNOSTICS	0	777	777	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	17,419	17,419	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	52,351	40,772	93,123	0	46.00
100.00	TOTAL *	3,659,743	625,430	4,285,173	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	384,952	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,086,646	28.00
29.00	LPN/LVN	0	325,111	29.00
30.00	PHYSICAL THERAPY	0	1,246	30.00
31.00	OCCUPATIONAL THERAPY	0	269	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	7	32.00
33.00	MEDICAL SOCIAL SERVICES	0	523,245	33.00
34.00	SPIRITUAL COUNSELING	0	206,821	34.00
35.00	DIETARY COUNSELING	0	4,098	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	236,255	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	352,680	38.00
39.00	PATIENT TRANSPORTATION	0	47,606	39.00
40.00	IMAGING SERVICES	0	4,918	40.00
41.00	LABS & DIAGNOSTICS	0	777	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	17,419	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	93,123	46.00
100.00	TOTAL *	0	4,285,173	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0021

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

Worksheet 0-3

Hospice CCN: 15-1552

Date/Time Prepared: 5/30/2018 9:17 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	1,108	32	1,140	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	5,913	265	6,178	0	28.00
29.00	LPN/LVN	963	0	963	0	29.00
30.00	PHYSICAL THERAPY	4	0	4	0	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,502	48	1,550	0	33.00
34.00	SPIRITUAL COUNSELING	572	40	612	0	34.00
35.00	DIETARY COUNSELING	9	3	12	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	610	89	699	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,044	1,044	0	38.00
39.00	PATIENT TRANSPORTATION	0	141	141	0	39.00
40.00	IMAGING SERVICES	0	15	15	0	40.00
41.00	LABS & DIAGNOSTICS	0	2	2	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	52	52	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	155	121	276	0	46.00
100.00	TOTAL *	10,837	1,852	12,689	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	1,140	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	6,178	28.00
29.00	LPN/LVN	0	963	29.00
30.00	PHYSICAL THERAPY	0	4	30.00
31.00	OCCUPATIONAL THERAPY	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,550	33.00
34.00	SPIRITUAL COUNSELING	0	612	34.00
35.00	DIETARY COUNSELING	0	12	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	699	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,044	38.00
39.00	PATIENT TRANSPORTATION	0	141	39.00
40.00	IMAGING SERVICES	0	15	40.00
41.00	LABS & DIAGNOSTICS	0	2	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	52	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	276	46.00
100.00	TOTAL *	0	12,689	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2017 To 12/31/2017	Worksheet 0-4 Date/Time Prepared: 5/30/2018 9:17 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,837,350	1,837,350	0	1,837,350	25.00
26.00	PHYSICIAN SERVICES	42,687	1,218	43,905	0	43,905	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	227,777	10,212	237,989	0	237,989	28.00
29.00	LPN/LVN	37,080	0	37,080	0	37,080	29.00
30.00	PHYSICAL THERAPY	142	0	142	0	142	30.00
31.00	OCCUPATIONAL THERAPY	31	0	31	0	31	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	1	0	1	0	1	32.00
33.00	MEDICAL SOCIAL SERVICES	57,837	1,841	59,678	0	59,678	33.00
34.00	SPIRITUAL COUNSELING	22,042	1,547	23,589	0	23,589	34.00
35.00	DIETARY COUNSELING	339	128	467	0	467	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	23,500	3,446	26,946	0	26,946	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	40,224	40,224	0	40,224	38.00
39.00	PATIENT TRANSPORTATION	0	5,430	5,430	0	5,430	39.00
40.00	IMAGING SERVICES	0	561	561	0	561	40.00
41.00	LABS & DIAGNOSTICS	0	89	89	0	89	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,987	1,987	0	1,987	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5,971	4,650	10,621	0	10,621	46.00
100.00	TOTAL *	417,407	1,908,683	2,326,090	0	2,326,090	100.00

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

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	1,837,350	25.00
26.00	PHYSICIAN SERVICES	0	43,905	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	237,989	28.00
29.00	LPN/LVN	0	37,080	29.00
30.00	PHYSICAL THERAPY	0	142	30.00
31.00	OCCUPATIONAL THERAPY	0	31	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	1	32.00
33.00	MEDICAL SOCIAL SERVICES	0	59,678	33.00
34.00	SPIRITUAL COUNSELING	0	23,589	34.00
35.00	DIETARY COUNSELING	0	467	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	26,946	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	40,224	38.00
39.00	PATIENT TRANSPORTATION	0	5,430	39.00
40.00	IMAGING SERVICES	0	561	40.00
41.00	LABS & DIAGNOSTICS	0	89	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	1,987	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,621	46.00
100.00	TOTAL *	0	2,326,090	100.00

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

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

Provider CCN: 15-0021

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

Worksheet 0-5

Hospice CCN: 15-1552

Date/Time Prepared:
5/30/2018 9:17 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	1,379,564	436,319	1,815,883	3.00
4.00 ADMINISTRATIVE & GENERAL	1,513,462	3,740,640	5,254,102	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	126,608	0	126,608	13.00
14.00 PHARMACY	296,559	0	296,559	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	4,285,173	0	4,285,173	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	12,689	0	12,689	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,326,090	0	2,326,090	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	2,801	0	2,801	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THRIFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	9,942,946	4,176,959	14,119,905	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

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Hospice CCN: 15-1552

To 12/31/2017

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Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,815,883	0	0	1,815,883	3.00
4.00	ADMINISTRATIVE & GENERAL	5,254,102	0	0	55,459	5,309,561
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	126,608	0	0	52,885	179,493
14.00	PHARMACY	296,559	0	0	0	296,559
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	4,285,173			1,528,664	5,813,837
52.00	HOSPICE INPATIENT RESPIRE CARE	12,689	0	0	4,526	17,215
53.00	HOSPICE GENERAL INPATIENT CARE	2,326,090	0	0	174,349	2,500,439
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	2,801	0	0	0	2,801
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	14,119,905	0	0	1,815,883	14,119,905

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

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Hospice CCN: 15-1552

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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	5,309,561					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	108,172	0		0		13.00
14.00 PHARMACY	178,722	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	3,503,712					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	10,375	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,506,892	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	1,688	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	5,309,561	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

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Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00		0				9.00
10.00		0	0			10.00
11.00		0		0		11.00
12.00		0			0	12.00
13.00		0			0	287,665 13.00
14.00		0			0	14.00
15.00		0			0	15.00
16.00		0			0	16.00
17.00		0			0	17.00
LEVEL OF CARE						
50.00		0	0	0	0	0 50.00
51.00		0	0	0	0	204,868 51.00
52.00		0	0	0	0	817 52.00
53.00		0	0	0	0	81,980 53.00
NONREIMBURSABLE COST CENTERS						
60.00		0			0	0 60.00
61.00		0			0	0 61.00
62.00		0			0	0 62.00
63.00		0			0	0 63.00
64.00		0			0	0 64.00
65.00		0			0	0 65.00
66.00		0			0	0 66.00
67.00		0			0	0 67.00
68.00		0			0	0 68.00
69.00		0			0	0 69.00
70.00		0			0	0 70.00
71.00		0			0	0 71.00
99.00		0	0	0	0	0 99.00
100.00		0	0	0	0	287,665 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2017

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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	475,281					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	338,524	0	0		9,860,941	51.00
52.00	1,334	0	0	0	29,741	52.00
53.00	135,423	0	0	0	4,224,734	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		4,489	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	475,281	0	0	0	14,119,905	100.00

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

Provider CCN: 15-0021

Hospice CCN: 15-1552

Period:
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,347,369			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	132,774	-5,309,561	8,810,344	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	126,612	0	179,493	13.00
14.00	PHARMACY	0	0	0	0	296,559	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,659,741	0	5,813,837	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	10,836	0	17,215	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	417,406	0	2,500,439	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	2,801	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			1,815,883		5,309,561	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.417697		0.602651	101.00

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

Provider CCN: 15-0021

Period:

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Hospice CCN: 15-1552

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

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

Provider CCN: 15-0021

Period:

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	3,523		13.00
14.00	PHARMACY			0	0	9,667,379	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	2,509	6,885,670	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	10	27,135	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	1,004	2,754,574	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	287,665	475,281	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	81.653420	0.049163	101.00

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

Provider CCN: 15-0021

Period:

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

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

Provider CCN: 15-0021

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

Worksheet 0-7

Hospice CCN: 15-1552

Date/Time Prepared: 5/30/2018 9:17 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.403051	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.379356	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.331463	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.341975	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.232038	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.139513	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.329860	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.268107	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.062440	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.137906	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.204183	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 15-1552

To 12/31/2017

Date/Time Prepared: 5/30/2018 9:17 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			9,860,941	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			35,799	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			275.45	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	30,448	2,099		9.00
10.00	Program cost (line 8 times line 9)	8,386,902	578,170		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			29,741	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			106	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			280.58	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	90	6		14.00
15.00	Program cost (line 13 times line 14)	25,252	1,683		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			4,224,734	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			4,083	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,034.71	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	3,473	239		19.00
20.00	Program cost (line 18 times line 19)	3,593,548	247,296		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			14,115,416	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			39,988	22.00
23.00	Average cost per diem (line 21 divided by line 22)			352.99	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 9:17 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,826,380	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		982,567	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)		403.62	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		0.80	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)		46,611	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.15	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.60	8.00
9.00	Sum of lines 7 and 8		29.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.20	10.00
11.00	Disproportionate share adjustment (see instructions)		361,236	11.00
12.00	Total prospective capital payments (see instructions)		7,216,794	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