

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: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/29/2017 11:44 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2017 Time: 11:44 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY 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 ST. VINCENT ANDERSON (15-0088) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 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.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	439,727	-67,574	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	24,310	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	464,037	-67,574	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: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:46 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2015 JACKSON STREET			PO Box:							1.00
2.00	City: ANDERSON			State: IN		Zip Code: 46016		County:			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	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. VINCENT ANDERSON	150088	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BENNETT REHAB CENTER	15T088	26900	5	06/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,149	643	8	24	7,022	15	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			47	29	0	0	351		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:46 am		
		Urban/Rural S		Date of Geogr				
		1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00	
		Beginning:		Ending:				
		1.00		2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(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)(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 PPS capital? Enter "Y" for yes or "N" for no.	N		N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N						56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N						59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y						60.00
		Y/N		IME		Direct GME		
		1.00		2.00		3.00		
						IME		
						Direct GME		
						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		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)			0.00		0.00		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)			0.00		0.00		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)			0.00		0.00		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).			0.00		0.00		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)			0.00		0.00		61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
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 and enter in column 4, 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 and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					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 64-67. (see instructions)					N	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
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0.00	0.00	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
					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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? 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

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		V		XIX				
		1.00		2.00				
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		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					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		
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:	544,114		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:46 am			
		1.00	2.00				
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			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 10330 N MERIDIAN STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46290			143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00	
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		N		N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
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	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:46 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016	12/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:46 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/11/2017	Y	10/11/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:46 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD		HELMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3234		RONALD.HELMAS@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:46 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.	MANAGER NET REVENUE MANAGEMENT		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: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2017 10:46 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	96	35,040	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)		96	35,040	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		117	42,705	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		130				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2017 10:46 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,385	986	22,375			1.00
2.00 HMO and other (see instructions)	3,968	7,078				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	326	380				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)	7,385	986	22,375			7.00
8.00 INTENSIVE CARE UNIT	4,631	26	6,274			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		756	991			13.00
14.00 Total (see instructions)	12,016	1,768	29,640	0.00	973.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,243	47	2,645	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	973.39	27.00
28.00 Observation Bed Days		0	1,003			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			206			30.00
31.00 Employee discount days - IRF			22			31.00
32.00 Labor & delivery days (see instructions)	0	15	127			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2017 10:46 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,159	196	5,627	1.00
2.00 HMO and other (see instructions)			715	1,622		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,159	196	5,627	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	96	40	225	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part II Date/Time Prepared: 11/29/2017 10:46 am	
	Worksheet A Line Number	Amount Reported	Reclassification 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 II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	61,355,338	0	61,355,338	2,025,135.37	30.30	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		485,347	0	485,347	3,873.36	125.30	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		2,952,899	0	2,952,899	18,089.59	163.24	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		10,569,942	0	10,569,942	455,560.71	23.20	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,302,563	1,438,477	7,741,040	233,506.69	33.15	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,111,308	0	1,111,308	13,069.27	85.03	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,161,194	0	4,161,194	38,439.64	108.25	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		15,462,076	0	15,462,076	499,439.00	30.96	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		22,271,230	0	22,271,230			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,497,409	0	2,497,409			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		94,225	0	94,225			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		573,276	0	573,276			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		3,943,922	0	3,943,922			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	332,175	0	332,175	12,472.61	26.63	26.00
27.00	Administrative & General	5.00	12,129,917	0	12,129,917	448,162.17	27.07	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2017 10:46 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
28.00	Administrative & General under contract (see inst.)		2,104,294	0	2,104,294	15,797.00	133.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	437,251	0	437,251	24,580.32	17.79	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,137,152	0	2,137,152	90,484.00	23.62	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		838,131	0	838,131	33,738.00	24.84	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,491,026	0	2,491,026	40,079.47	62.15	38.00
39.00	Central Services and Supply	14.00	461,537	0	461,537	23,360.96	19.76	39.00
40.00	Pharmacy	15.00	2,848,903	-83,662	2,765,241	81,999.16	33.72	40.00
41.00	Medical Records & Medical Records Library	16.00	1,705,838	0	1,705,838	80,611.45	21.16	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part III Date/Time Prepared: 11/29/2017 10:46 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,912,074	0	52,912,074	1,691,504.07	31.28	1.00
2.00	Excluded area salaries (see instructions)	6,302,563	1,438,477	7,741,040	233,506.69	33.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,609,511	-1,438,477	45,171,034	1,457,997.38	30.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,734,578	0	20,734,578	550,947.91	37.63	4.00
5.00	Subtotal wage-related costs (see inst.)	26,309,377	0	26,309,377	0.00	58.24	5.00
6.00	Total (sum of lines 3 thru 5)	93,653,466	-1,438,477	92,214,989	2,008,945.29	45.90	6.00
7.00	Total overhead cost (see instructions)	25,486,224	-83,662	25,402,562	851,285.14	29.84	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2017 10:46 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,596,958	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,408,903	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	421,394	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	10,753,871	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	131,784	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	69,596	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	1,233	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	369,052	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	28,202	14.00
15.00	'Workers' Compensation Insurance	329,790	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,066,630	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	41,176	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	71,865	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,290,454	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: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/29/2017 10:46 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,111,308	23,290,454	1.00
2.00	Hospital	1,111,308	23,290,454	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/29/2017 10:46 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)		0.253148	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		23,181,386	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 or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		136,098,259	6.00
7.00	Medicaid cost (line 1 times line 6)		34,453,002	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)		11,271,616	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,271,616	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)	15,568,747	7,015,243	22,583,990
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,941,197	7,015,243	10,956,440
22.00	Payments received from patients for amounts previously written off as charity care	137,665	202,249	339,914
23.00	Cost of charity care (line 21 minus line 22)	3,803,532	6,812,994	10,616,526
			1.00	
24.00	Does the amount in 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)		4,926,725	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		434,446	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		668,379	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		4,258,346	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,311,925	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,928,451	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,200,067	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet A

Date/Time Prepared:
11/29/2017 10:46 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		2,808,494	2,808,494	434,651	3,243,145	1.00
1.01	00101		0	0	156,301	156,301	1.01
4.00	00400		13,372,289	13,704,464	-281	13,704,183	4.00
5.00	00500	332,175	33,271,748	45,401,665	-135,390	45,266,275	5.00
7.00	00700	12,129,917	8,222,719	8,659,970	0	8,659,970	7.00
8.00	00800	437,251	539,842	539,842	0	539,842	8.00
9.00	00900	0	2,490,677	2,490,677	0	2,490,677	9.00
10.00	01000	0	2,882,226	2,882,226	-1,777,255	1,104,971	10.00
11.00	01100	0	0	0	1,777,255	1,777,255	11.00
13.00	01300	2,491,026	501,551	2,992,577	-393	2,992,184	13.00
14.00	01400	461,537	433,504	895,041	-43,051	851,990	14.00
15.00	01500	2,848,903	23,047,196	25,896,099	-21,970,221	3,925,878	15.00
16.00	01600	1,705,838	606,627	2,312,465	0	2,312,465	16.00
23.00	02300	171,661	24,072	195,733	0	195,733	23.00
23.01	02301	63,234	24,967	88,201	81,023	169,224	23.01
23.02	02303	47,581	15,565	63,146	83,662	146,808	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,544,112	2,402,432	14,946,544	-875,955	14,070,589	30.00
31.00	03100	3,521,550	1,764,334	5,285,884	-30,568	5,255,316	31.00
41.00	04100	907,739	317,918	1,225,657	-1,195	1,224,462	41.00
43.00	04300	0	0	0	479,332	479,332	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,460,539	21,464,490	22,925,029	-6,257,887	16,667,142	50.00
52.00	05200	1,545,804	429,081	1,974,885	-1,035,770	939,115	52.00
53.00	05300	0	0	0	1,066,535	1,066,535	53.00
54.00	05400	2,261,369	1,424,447	3,685,816	-109,488	3,576,328	54.00
54.01	03440	173,996	256,891	430,887	-4,244	426,643	54.01
54.02	03450	313,104	619,032	932,136	-14	932,122	54.02
54.03	03630	370,949	31,358	402,307	0	402,307	54.03
55.00	05500	869,420	1,379,483	2,248,903	-760	2,248,143	55.00
57.00	05700	436,314	120,777	557,091	-70,273	486,818	57.00
58.00	05800	250,510	531,418	781,928	-52,825	729,103	58.00
59.00	05900	1,069,373	543,805	1,613,178	-139,961	1,473,217	59.00
60.00	06000	37,741	6,943,915	6,981,656	-5,363	6,976,293	60.00
65.00	06500	1,137,327	431,082	1,568,409	2,759	1,571,168	65.00
66.00	06600	2,715,663	789,572	3,505,235	-1,024,724	2,480,511	66.00
67.00	06700	0	0	0	843,778	843,778	67.00
68.00	06800	0	0	0	179,377	179,377	68.00
69.00	06900	108,590	45,527	154,117	-113	154,004	69.00
70.00	07000	373,129	256,645	629,774	-175	629,599	70.00
71.00	07100	0	0	0	1,668,796	1,668,796	71.00
72.00	07200	0	0	0	3,836,009	3,836,009	72.00
73.00	07300	0	0	0	22,130,794	22,130,794	73.00
76.00	03190	816,406	399,106	1,215,512	-16,482	1,199,030	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	1,067,866	635,351	1,703,217	0	1,703,217	90.01
90.02	04950	53,709	-2,747	50,962	-50,962	0	90.02
90.03	09002	68,376	13,796	82,172	-324	81,848	90.03
91.00	09100	3,450,281	1,970,533	5,420,814	-32,013	5,388,801	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		520,544	520,544	-520,544	0	113.00
118.00		56,242,990	131,530,267	187,773,257	-1,415,959	186,357,298	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	92,365	47,920	140,285	0	140,285	191.00
192.00	19200	2,714,644	1,156,412	3,871,056	0	3,871,056	192.00
194.00	07950	128,949	82,293	211,242	0	211,242	194.00
194.01	07951	260,801	172,068	432,869	0	432,869	194.01
194.02	07952	28,548	2,699	31,247	0	31,247	194.02
194.03	07953	89,003	16,148	105,151	0	105,151	194.03
194.04	07954	0	21,683	21,683	0	21,683	194.04
194.05	07955	299,516	123,853	423,369	0	423,369	194.05
194.06	07956	1,498,522	3,494,626	4,993,148	0	4,993,148	194.06
194.07	07957	0	1,137,101	1,137,101	0	1,137,101	194.07
194.08	07958	0	2,207	2,207	0	2,207	194.08
194.09	07959	0	361	361	0	361	194.09
194.10	07960	0	22,620	22,620	0	22,620	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07963	0	0	0	1,415,959	1,415,959	194.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet A Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	TOTAL (SUM OF LINES 118-199)	61,355,338	137,810,258	199,165,596	0	199,165,596	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/29/2017 10:46 am
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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	-131,422	3,111,723	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	156,301	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,502	13,726,685	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,989,603	34,276,672	5.00
7.00	00700	OPERATION OF PLANT	-29,611	8,630,359	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-335	539,507	8.00
9.00	00900	HOUSEKEEPING	0	2,490,677	9.00
10.00	01000	DIETARY	-718,824	386,147	10.00
11.00	01100	CAFETERIA	0	1,777,255	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,992,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	851,990	14.00
15.00	01500	PHARMACY	-9,917	3,915,961	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-44,284	2,268,181	16.00
23.00	02300	ALLIED HEALTH-EMS	0	195,733	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	-11,575	157,649	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	146,808	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,060,430	11,010,159	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,255,316	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,224,462	41.00
43.00	04300	NURSERY	0	479,332	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-222,155	16,444,987	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,383	935,732	52.00
53.00	05300	ANESTHESIOLOGY	0	1,066,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,493	3,571,835	54.00
54.01	03440	MAMMOGRAPHY	220	426,863	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	932,122	54.02
54.03	03630	ULTRA SOUND	0	402,307	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-135	2,248,008	55.00
57.00	05700	CT SCAN	0	486,818	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-7,329	721,774	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,473,217	59.00
60.00	06000	LABORATORY	-1,199	6,975,094	60.00
65.00	06500	RESPIRATORY THERAPY	-4,557	1,566,611	65.00
66.00	06600	PHYSICAL THERAPY	-4,350	2,476,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	843,778	67.00
68.00	06800	SPEECH PATHOLOGY	-15,168	164,209	68.00
69.00	06900	ELECTROCARDIOLOGY	-360	153,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-129,000	500,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,668,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,836,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,130,794	73.00
76.00	03190	CHEMOTHERAPY	0	1,199,030	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	-309,725	1,393,492	90.01
90.02	04950	DIABETIC EDUCATION	0	0	90.02
90.03	09002	MS CLINIC	0	81,848	90.03
91.00	09100	EMERGENCY	-935,031	4,453,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,610,164	169,747,134	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	140,285	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-23,382	3,847,674	192.00
194.00	07950	FOUNDATION	0	211,242	194.00
194.01	07951	CHILDRENS CLINIC	0	432,869	194.01
194.02	07952	PSS ADMINISTRATION	-17,817	13,430	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	105,151	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	21,683	194.04
194.05	07955	HEALTHY FAMILIES	0	423,369	194.05
194.06	07956	DME-HOME CARE	-277,764	4,715,384	194.06
194.07	07957	MARKETING	1,005,533	2,142,634	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	2,207	194.08
194.09	07959	MOB	0	361	194.09
194.10	07960	ASC	0	22,620	194.10
194.11	07961	MAB	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	1,415,959	194.12
194.13	07962	IDLE SPACE	0	0	194.13
200.00		TOTAL (SUM OF LINES 118-199)	-15,923,594	183,242,002	200.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS CHARGED TO PATIENT RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,130,794	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
	TOTALS		0	22,130,794	
B - INSURANCE EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	70,408	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	70,408	
C - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	520,544	1.00
	TOTALS		0	520,544	
D - CAFETERIA/DIETARY RECLASS					
1.00	CAFETERIA	11.00	0	1,777,255	1.00
	TOTALS		0	1,777,255	
E - LABOR DELIVERY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	409,339	113,624	1.00
2.00	NURSERY	43.00	375,188	104,144	2.00
	TOTALS		784,527	217,768	
F - MEDICAL SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,669,011	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,013	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
	TOTALS		0	1,681,024	
G - IMPLANTABLE SUPPLIES CHARGED					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,836,009	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,805	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
	TOTALS		0	3,844,814	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - PT_OT_ST RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	653,713	190,065	1.00
2.00	SPEECH PATHOLOGY	68.00	138,971	40,406	2.00
	TOTALS		792,684	230,471	
I - MAB DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	156,301	1.00
	TOTALS		0	156,301	
J - ADOLESCENT RESIDENTIAL SERVICES					
1.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	1,273,792	142,167	1.00
	TOTALS		1,273,792	142,167	
K - AH-PHARMACY RESIDENCY RECLASS					
1.00	ALLIED HEALTH-PHARM RESIDENTS	23.02	83,662	0	1.00
	TOTALS		83,662	0	
L - DIABETIC EDUCATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	53,709	0	1.00
2.00	DIABETIC EDUCATION	90.02	0	7,872	2.00
	TOTALS		53,709	7,872	
M - RAD TECH RECLASS					
1.00	ALLIED HEALTH-RAD TECH	23.01	81,023	0	1.00
	TOTALS		81,023	0	
O - ANESTHESIOLOGY RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	1,066,535	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,066,535	
Q - PHYSICIAN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	0	85,800	1.00
	TOTALS		0	85,800	
500.00	Grand Total: Increases		3,069,397	31,931,753	500.00

RECLASSIFICATIONS

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Period:
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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 - DRUGS CHARGED TO PATIENT RECLASS							
1.00	PHARMACY	15.00	0	21,872,050	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	24,599	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,910	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	1,036	0		4.00
5.00	OPERATING ROOM	50.00	0	47,110	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,748	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,967	0		7.00
8.00	MAMMOGRAPHY	54.01	0	263	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	13	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	423	0		10.00
11.00	CT SCAN	57.00	0	70,210	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	52,825	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,804	0		13.00
14.00	LABORATORY	60.00	0	4,117	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	7	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	1,485	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	173	0		17.00
18.00	CHEMOTHERAPY	76.00	0	10,396	0		18.00
19.00	MS CLINIC	90.03	0	294	0		19.00
20.00	DIABETIC EDUCATION	90.02	0	5,125	0		20.00
21.00	EMERGENCY	91.00	0	14,239	0		21.00
	TOTALS		0	22,130,794			
B - INSURANCE EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	70,408	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	70,408			
C - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	520,544	11		1.00
	TOTALS		0	520,544			
D - CAFETERIA/DIETARY RECLASS							
1.00	DIETARY	10.00	0	1,777,255	0		1.00
	TOTALS		0	1,777,255			
E - LABOR DELIVERY RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	784,527	217,768	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		784,527	217,768			
F - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	281	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	393	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,051	0		3.00
4.00	PHARMACY	15.00	0	12,684	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,843	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	9,621	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	159	0		7.00
8.00	OPERATING ROOM	50.00	0	1,424,182	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	27,496	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,498	0		10.00
11.00	MAMMOGRAPHY	54.01	0	3,981	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	337	0		13.00
14.00	CT SCAN	57.00	0	63	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	24,780	0		15.00
16.00	LABORATORY	60.00	0	1,246	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	83,034	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	84	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		19.00
20.00	CHEMOTHERAPY	76.00	0	6,086	0		20.00
21.00	MS CLINIC	90.03	0	30	0		21.00
22.00	EMERGENCY	91.00	0	17,172	0		22.00
	TOTALS		0	1,681,024			
G - IMPLANTABLE SUPPLIES CHARGED							
1.00	PHARMACY	15.00	0	1,825	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	354	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,037	0		3.00
4.00	OPERATING ROOM	50.00	0	3,720,275	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,231	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	113,377	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	113	0		7.00
8.00	EMERGENCY	91.00	0	602	0		8.00
	TOTALS		0	3,844,814			

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
H - PT_OT_ST RECLASS						
1.00	PHYSICAL THERAPY	66.00	792,684	230,471	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		792,684	230,471		
I - MAB DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	156,301	9	1.00
	TOTALS		0	156,301		
J - ADOLESCENT RESIDENTIAL SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	1,273,792	142,167	0	1.00
	TOTALS		1,273,792	142,167		
K - AH-PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY	15.00	83,662	0	0	1.00
	TOTALS		83,662	0		
L - DIABETIC EDUCATION RECLASS						
1.00	DIABETIC EDUCATION	90.02	53,709	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	7,872	0	2.00
	TOTALS		53,709	7,872		
M - RAD TECH RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	81,023	0	0	1.00
	TOTALS		81,023	0		
O - ANESTHESIOLOGY RECLASS						
1.00	OPERATING ROOM	50.00	0	1,066,320	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	215	0	2.00
	TOTALS		0	1,066,535		
Q - PHYSICIAN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	85,800	0	1.00
	TOTALS		0	85,800		
500.00	Grand Total: Decreases		3,069,397	31,931,753		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

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	5,292,602	0	0	0	1.00
2.00	Land Improvements	1,539,559	0	0	0	2.00
3.00	Buildings and Fixtures	65,054,839	1,353,594	0	1,353,594	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	30,491,901	0	0	0	5.00
6.00	Movable Equipment	49,805,224	3,008,722	0	3,008,722	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	152,184,125	4,362,316	0	4,362,316	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	152,184,125	4,362,316	0	4,362,316	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0			1.00
2.00	Land Improvements	1,539,559	0			2.00
3.00	Buildings and Fixtures	66,408,433	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	30,491,901	0			5.00
6.00	Movable Equipment	52,813,946	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	156,546,441	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	156,546,441	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
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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	2,808,494	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,808,494	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	2,808,494				1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0				1.01
3.00	Total (sum of lines 1-2)	0	2,808,494				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	156,546,441	0	156,546,441	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	156,546,441	0	156,546,441	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	2,523,506	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	156,301	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,679,807	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	517,809	70,408	0	0	3,111,723	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	156,301	1.01
3.00	Total (sum of lines 1-2)	517,809	70,408	0	0	3,268,024	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT-MAB (chapter 2)			0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	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	-21,646		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-6,543		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	-4,506,803				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	807,711				0	12.00
13.00 Laundry and linen service	B	-335		LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-652,225		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	-9,230		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-43,987		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-66,599		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT-MAB			0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/29/2017 10:46 am

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00		31.00			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00		31.00			
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00			
33.00	OTHER MISCELLANEOUS REVENUE	B	-4,648		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00			
33.01	OTHER MISCELLANEOUS REVENUE	B	-227,968		ADMINISTRATIVE & GENERAL	5.00	0	33.01			
33.02	OTHER MISCELLANEOUS REVENUE	B	-792		PHARMACY	15.00	0	33.02			
33.03	OTHER MISCELLANEOUS REVENUE	B	-297		MEDICAL RECORDS & LIBRARY	16.00	0	33.03			
33.04	OTHER MISCELLANEOUS REVENUE	B	-11,575		ALLIED HEALTH-RAD TECH	23.01	0	33.04			
33.05	OTHER MISCELLANEOUS REVENUE	B	-11,303		OPERATING ROOM	50.00	0	33.05			
33.06	OTHER MISCELLANEOUS REVENUE	B	-1,850		RADIOLOGY-DIAGNOSTIC	54.00	0	33.06			
33.07	OTHER MISCELLANEOUS REVENUE	B	220		MAMMOGRAPHY	54.01	0	33.07			
33.08	OTHER MISCELLANEOUS REVENUE	B	-135		RADIOLOGY-THERAPEUTIC	55.00	0	33.08			
33.09	OTHER MISCELLANEOUS REVENUE	B	-7,329		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.09			
33.10	OTHER MISCELLANEOUS REVENUE	B	-1,199		LABORATORY	60.00	0	33.10			
33.11	OTHER MISCELLANEOUS REVENUE	B	-4,380		RESPIRATORY THERAPY	65.00	0	33.11			
33.12	OTHER MISCELLANEOUS REVENUE	B	-750		PHYSICAL THERAPY	66.00	0	33.12			
33.13	OTHER MISCELLANEOUS REVENUE	B	-15,168		SPEECH PATHOLOGY	68.00	0	33.13			
33.14	OTHER MISCELLANEOUS REVENUE	B	-686		EMERGENCY	91.00	0	33.14			
33.15	OTHER MISCELLANEOUS REVENUE	B	-2,681		ANDERSON OUTPATIENT CENTER	90.01	0	33.15			
36.00	BAD DEBT EXPENSE	A	-2,018,259		ADMINISTRATIVE & GENERAL	5.00	0	36.00			
36.01	BAD DEBT EXPENSE	A	105		PHARMACY	15.00	0	36.01			
36.02	BAD DEBT EXPENSE	A	-15,985		OPERATING ROOM	50.00	0	36.02			
36.03	BAD DEBT EXPENSE	A	-1,469		PHYSICIANS' PRIVATE OFFICES	192.00	0	36.03			
36.04	BAD DEBT EXPENSE	A	-111,445		ANDERSON OUTPATIENT CENTER	90.01	0	36.04			
36.05	BAD DEBT EXPENSE	A	-1,902		PHYSICIANS' PRIVATE OFFICES	192.00	0	36.05			
36.06	BAD DEBT EXPENSE	A	-3,406		PHYSICIANS' PRIVATE OFFICES	192.00	0	36.06			
36.07	BAD DEBT EXPENSE	A	-29,131		PHYSICIANS' PRIVATE OFFICES	192.00	0	36.07			
36.08	BAD DEBT EXPENSE	A	12,526		PHYSICIANS' PRIVATE OFFICES	192.00	0	36.08			
36.09	BAD DEBT EXPENSE	A	-17,817		PSS ADMINISTRATION	194.02	0	36.09			
36.10	BAD DEBT EXPENSE	A	-277,764		DME-HOME CARE	194.06	0	36.10			
36.11	PROVIDER TAX EXPENSE	A	-8,250,657		ADMINISTRATIVE & GENERAL	5.00	0	36.11			
36.12	PHYSICIAN RECRUITMENT EXPENSE	A	-12,667		ADMINISTRATIVE & GENERAL	5.00	0	36.12			
36.13	PHYSICIAN RECRUITMENT EXPENSE	A	-30,000		ADULTS & PEDIATRICS	30.00	0	36.13			
36.14	MARKETING EXPENSE	A	-52,016		ADMINISTRATIVE & GENERAL	5.00	0	36.14			
36.15	MARKETING EXPENSE	A	-2,859		DELIVERY ROOM & LABOR ROOM	52.00	0	36.15			
36.16	CHARITABLE CONTRIBUTIONS	A	-1,332		ADMINISTRATIVE & GENERAL	5.00	0	36.16			
36.17	CHARITABLE CONTRIBUTIONS	A	-1,000		ADULTS & PEDIATRICS	30.00	0	36.17			
36.18	CORPORATE SPONSORSHIPS	A	-158,966		ADMINISTRATIVE & GENERAL	5.00	0	36.18			
36.19	PROMOTIONAL ITEMS	A	-25,276		ADMINISTRATIVE & GENERAL	5.00	0	36.19			
36.20	PROMOTIONAL ITEMS	A	-524		DELIVERY ROOM & LABOR ROOM	52.00	0	36.20			
36.21	PROMOTIONAL ITEMS	A	-177		RESPIRATORY THERAPY	65.00	0	36.21			
36.22	PROMOTIONAL ITEMS	A	-360		ELECTROCARDIOLOGY	69.00	0	36.22			
36.23	LATE FEES AND PENALTIES	A	-594		ADMINISTRATIVE & GENERAL	5.00	0	36.23			
36.24	LOBBYING EXPENSE	A	-3,734		ADMINISTRATIVE & GENERAL	5.00	0	36.24			
36.25	DEPRECIATION AHA LIFE ADJUSTMENT	A	-10,542		CAP REL COSTS-BLDG & FIXT	1.00	9	36.25			
36.26	MAB DEPRECIATION IN CAP REL	A	-118,145		CAP REL COSTS-BLDG & FIXT	1.00	9	36.26			
36.27			0			0.00	0	36.27			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,923,594					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: 15-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet A-8-1

Date/Time Prepared: 11/29/2017 10:46 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	0.00		0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	17,766,553	17,965,684	2.00
3.00	194.07 MARKETING	H.O. COSTS MARKETING	1,005,533	0	3.00
4.00	0.00		0	0	4.00
4.01	4.00 EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACK	1,073,348	1,073,348	4.01
4.02	5.00 ADMINISTRATIVE & GENERAL	SVH CHARGEBACK	8,339,591	8,339,591	4.02
4.03	15.00 PHARMACY	SVH CHARGEBACK	-96,000	-96,000	4.03
4.04	16.00 MEDICAL RECORDS & LIBRARY	SVH CHARGEBACK	2,231,822	2,231,822	4.04
4.05	23.01 ALLIED HEALTH-RAD TECH	SVH CHARGEBACK	19,836	19,836	4.05
4.06	50.00 OPERATING ROOM	SVH CHARGEBACK	70,114	70,114	4.06
4.07	52.00 DELIVERY ROOM & LABOR ROOM	SVH CHARGEBACK	76	76	4.07
4.08	54.00 RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACK	333,314	333,314	4.08
4.09	55.00 RADIOLOGY-THERAPEUTIC	SVH CHARGEBACK	6,000	6,000	4.09
4.10	59.00 CARDIAC CATHETERIZATION	SVH CHARGEBACK	114,000	114,000	4.10
4.11	66.00 PHYSICAL THERAPY	SVH CHARGEBACK	153,830	153,830	4.11
4.12	90.01 ANDERSON OUTPATIENT CENTER	SVH CHARGEBACK	-3,965	-3,965	4.12
4.13	192.00 PHYSICIANS' PRIVATE OFFICES	SVH CHARGEBACK	199,553	199,553	4.13
4.14	194.05 HEALTHY FAMILIES	SVH CHARGEBACK	32,928	32,928	4.14
4.15	194.07 MARKETING	SVH CHARGEBACK	202,299	202,299	4.15
4.16	0.00		0	0	4.16
4.17	4.00 EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	9,463,572	10,269,974	4.17
4.18	1.00 CAP REL COSTS-BLDG & FIXT	ACENSION INTEREST - CAPITAL	510,625	513,360	4.18
4.19	5.00 ADMINISTRATIVE & GENERAL	ACENSION INTEREST - A&G	7,146	7,184	4.19
4.20	7.00 OPERATION OF PLANT	TRIMEDX	3,166,808	3,189,876	4.20
4.21	4.00 EMPLOYEE BENEFITS DEPARTMENT	PENSION	2,321,834	1,488,282	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		46,918,817	46,111,106	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	G	ST VINCENT HEAL	100.00	ST VINCENT HEAL	100.00	6.00
7.00	G	ASCENSION HEALT	100.00	ASCENSION HEALT	100.00	7.00
8.00	A	TRIMEDX	0.00	TRIMEDX	0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/29/2017 10:46 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	0	0		1.00
2.00	-199,131	0		2.00
3.00	1,005,533	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	-806,402	0		4.17
4.18	-2,735	11		4.18
4.19	-38	0		4.19
4.20	-23,068	0		4.20
4.21	833,552	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
5.00	807,711			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	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00	TECHNOLOGY MGMT		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: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:
11/29/2017 10:46 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	5.00	ADMINISTRATIVE & GENERAL	47,417	0	47,417	211,500	296	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,029,430	3,029,430	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	375,906	0	375,906	211,500	8,760	3.00
4.00	50.00	OPERATING ROOM	3,441,661	0	3,441,661	246,400	27,408	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	2,643	2,643	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	3,600	3,600	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	129,000	129,000	0	0	0	7.00
8.00	90.01	ANDERSON OUTPATIENT CENTER	195,599	195,599	0	0	0	8.00
9.00	91.00	EMERGENCY	999,117	934,345	64,772	211,500	850	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,224,373	4,294,617	3,929,756		37,314	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	5.00	ADMINISTRATIVE & GENERAL	30,098	1,505	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	890,740	44,537	0	0	0	3.00
4.00	50.00	OPERATING ROOM	3,246,794	162,340	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.01	ANDERSON OUTPATIENT CENTER	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	86,430	4,322	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,254,062	212,704	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	5.00	ADMINISTRATIVE & GENERAL	0	30,098	17,319	17,319		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,029,430		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	890,740	0	0		3.00
4.00	50.00	OPERATING ROOM	0	3,246,794	194,867	194,867		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,643		5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	3,600		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	129,000		7.00
8.00	90.01	ANDERSON OUTPATIENT CENTER	0	0	0	195,599		8.00
9.00	91.00	EMERGENCY	0	86,430	0	934,345		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	4,254,062	212,186	4,506,803		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
	0	1.00	1.01	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,111,723	3,111,723			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	156,301	0	156,301		1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,726,685	42,788	0	13,769,473	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,276,672	292,593	15,498	2,737,051	5.00
7.00 00700	OPERATION OF PLANT	8,630,359	385,161	64,316	98,663	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	539,507	54,381	0	0	8.00
9.00 00900	HOUSEKEEPING	2,490,677	68,932	0	0	9.00
10.00 01000	DIETARY	386,147	73,727	0	0	10.00
11.00 01100	CAFETERIA	1,777,255	118,588	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,992,184	33,744	0	562,083	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	851,990	109,578	0	104,143	14.00
15.00 01500	PHARMACY	3,915,961	32,604	0	623,957	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,268,181	36,024	0	384,910	16.00
23.00 02300	ALLIED HEALTH-EMS	195,733	898	0	38,734	23.00
23.01 02301	ALLIED HEALTH-RAD TECH	157,649	760	0	32,551	23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	146,808	691	0	29,614	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,010,159	473,632	0	2,647,552	30.00
31.00 03100	INTENSIVE CARE UNIT	5,255,316	101,287	0	794,613	31.00
41.00 04100	SUBPROVIDER - IRF	1,224,462	69,091	0	204,825	41.00
43.00 04300	NURSERY	479,332	62,596	0	84,659	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,444,987	139,729	0	329,560	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	935,732	113,109	0	171,777	52.00
53.00 05300	ANESTHESIOLOGY	1,066,535	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,571,835	98,648	11,968	491,980	54.00
54.01 03440	MAMMOGRAPHY	426,863	0	0	39,261	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	932,122	7,787	0	70,650	54.02
54.03 03630	ULTRA SOUND	402,307	0	0	83,702	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,248,008	0	0	196,179	55.00
57.00 05700	CT SCAN	486,818	3,807	0	98,451	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	721,774	6,930	0	56,526	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,473,217	59,156	0	241,297	59.00
60.00 06000	LABORATORY	6,975,094	86,668	11,968	8,516	60.00
65.00 06500	RESPIRATORY THERAPY	1,566,611	49,317	0	256,630	65.00
66.00 06600	PHYSICAL THERAPY	2,476,161	79,344	0	433,907	66.00
67.00 06700	OCCUPATIONAL THERAPY	843,778	26,206	0	147,506	67.00
68.00 06800	SPEECH PATHOLOGY	164,209	4,014	6,977	31,358	68.00
69.00 06900	ELECTROCARDIOLOGY	153,644	0	45,574	24,503	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	500,599	80,449	0	84,194	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,668,796	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,836,009	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	22,130,794	0	0	0	73.00
76.00 03190	CHEMOTHERAPY	1,199,030	0	0	184,216	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	1,393,492	24,182	0	240,956	90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03 09002	MS CLINIC	81,848	14,951	0	15,429	90.03
91.00 09100	EMERGENCY	4,453,770	155,489	0	778,532	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	169,747,134	2,906,861	156,301	12,328,485	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	13,003	0	0	190.00
191.00 19100	RESEARCH	140,285	0	0	20,842	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,847,674	12,637	0	612,540	192.00
194.00 07950	FOUNDATION	211,242	4,394	0	29,096	194.00
194.01 07951	CHILDRENS CLINIC	432,869	0	0	58,848	194.01
194.02 07952	PSS ADMINISTRATION	13,430	3,821	0	6,442	194.02
194.03 07953	SEXUAL ASSULT PROGRAM	105,151	0	0	20,083	194.03
194.04 07954	ASPR BIOTERRORISM GRANT	21,683	0	0	0	194.04
194.05 07955	HEALTHY FAMILIES	423,369	69,720	0	67,584	194.05
194.06 07956	DME-HOME CARE	4,715,384	64,172	0	338,131	194.06
194.07 07957	MARKETING	2,142,634	0	0	0	194.07
194.08 07958	CORPORATE COMMUNICATIONS	2,207	17,459	0	0	194.08
194.09 07959	MOB	361	0	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
	0	1.00	1.01	4.00	4A	
194.10 07960 ASC	22,620	0	0	0	22,620	194.10
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	1,415,959	19,656	0	287,422	1,723,037	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	183,242,002	3,111,723	156,301	13,769,473	183,242,002	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 10:46 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	37,321,814				5.00	
7.00	00700	OPERATION OF PLANT	2,347,576	11,526,075			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	151,898	262,132	1,007,918		8.00	
9.00	00900	HOUSEKEEPING	654,669	332,269	0	3,546,547	9.00	
10.00	01000	DIETARY	117,622	355,382	0	23,890	10.00	
11.00	01100	CAFETERIA	484,898	571,621	0	38,359	11.00	
13.00	01300	NURSING ADMINISTRATION	917,702	162,654	0	15,814	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	272,576	528,194	8,473	21,198	14.00	
15.00	01500	PHARMACY	1,169,509	157,159	0	13,459	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	687,792	173,644	0	6,730	16.00	
23.00	02300	ALLIED HEALTH-EMS	60,199	4,329	0	0	23.00	
23.01	02301	ALLIED HEALTH-RAD TECH	48,842	3,663	0	0	23.01	
23.02	02302	ALLIED HEALTH-PHARM RESIDENTS	45,300	3,330	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,614,359	2,283,025	258,126	1,300,216	726,436	30.00
31.00	03100	INTENSIVE CARE UNIT	1,573,290	488,229	123,056	326,384	110,017	31.00
41.00	04100	SUBPROVIDER - IRF	383,239	333,035	41,377	201,887	84,220	41.00
43.00	04300	NURSERY	160,262	301,730	10,266	50,943	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,326,147	673,530	185,440	537,356	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	312,196	545,212	20,830	103,433	0	52.00
53.00	05300	ANESTHESIOLOGY	272,787	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,067,690	475,507	4,620	122,815	0	54.00
54.01	03440	MAMMOGRAPHY	119,220	0	772	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	258,470	37,533	488	12,113	0	54.02
54.03	03630	ULTRA SOUND	124,306	0	975	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	625,147	0	20,778	11,777	30,675	55.00
57.00	05700	CT SCAN	150,667	18,350	52,668	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	200,837	33,403	10,633	6,730	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	453,650	285,145	61,545	10,094	0	59.00
60.00	06000	LABORATORY	1,811,419	417,759	0	115,076	0	60.00
65.00	06500	RESPIRATORY THERAPY	478,942	237,720	0	3,365	0	65.00
66.00	06600	PHYSICAL THERAPY	764,599	382,457	9,132	47,511	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	260,242	126,320	3,199	15,680	0	67.00
68.00	06800	SPEECH PATHOLOGY	52,831	19,349	703	2,423	0	68.00
69.00	06900	ELECTROCARDIOLOGY	57,221	0	577	46,434	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,148	387,786	737	46,434	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	426,826	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	981,132	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,660,327	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	353,791	0	23,047	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	424,226	116,562	0	34,321	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	28,704	72,069	0	3,028	0	90.03
91.00	09100	EMERGENCY	1,378,030	749,495	158,727	349,264	5,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,449,288	10,538,593	996,169	3,466,734	956,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	3,326	62,677	0	0	0	190.00
191.00	19100	RESEARCH	41,211	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,144,017	60,912	10,490	16,824	0	192.00
194.00	07950	FOUNDATION	62,595	21,181	0	2,692	0	194.00
194.01	07951	CHILDRENS CLINIC	125,766	0	586	43,742	0	194.01
194.02	07952	PSS ADMINISTRATION	6,060	18,417	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	32,031	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	5,546	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	143,403	336,066	0	6,460	0	194.05
194.06	07956	DME-HOME CARE	1,308,946	309,323	0	0	0	194.06
194.07	07957	MARKETING	548,019	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	5,030	84,158	0	3,365	0	194.08
194.09	07959	MOB	92	0	673	2,692	0	194.09
194.10	07960	ASC	5,785	0	0	4,038	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	440,699	94,748	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	37,321,814	11,526,075	1,007,918	3,546,547	956,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,990,721					11.00
13.00	01300	NURSING ADMINISTRATION	84,737	4,768,918				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,391	0	1,945,543			14.00
15.00	01500	PHARMACY	170,207	0	38,692	6,121,548		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	170,431	0	0	0	3,727,712	16.00
23.00	02300	ALLIED HEALTH-EMS	13,261	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	4,061	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	7,998	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	824,461	2,409,139	64,264	0	244,058	30.00
31.00	03100	INTENSIVE CARE UNIT	237,148	692,964	69,192	0	95,546	31.00
41.00	04100	SUBPROVIDER - I RF	61,943	181,002	4,541	0	19,710	41.00
43.00	04300	NURSERY	26,066	76,168	5,342	0	9,178	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,707	291,353	1,402,508	0	592,778	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,888	154,542	7,012	0	19,651	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	36,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206,673	0	66,623	0	116,454	54.00
54.01	03440	MAMMOGRAPHY	12,728	0	10,645	0	20,890	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	16,419	0	40,475	0	75,987	54.02
54.03	03630	ULTRA SOUND	20,498	0	489	0	53,675	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	57,057	0	6,362	0	141,955	55.00
57.00	05700	CT SCAN	29,119	0	12	0	86,410	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,280	0	367	0	21,505	58.00
59.00	05900	CARDIAC CATHETERIZATION	67,258	196,533	62,108	0	135,907	59.00
60.00	06000	LABORATORY	2,949	0	883	0	422,457	60.00
65.00	06500	RESPIRATORY THERAPY	80,732	0	26,244	0	85,588	65.00
66.00	06600	PHYSICAL THERAPY	127,719	0	11,259	0	57,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,181	0	12,018	0	19,581	67.00
68.00	06800	SPEECH PATHOLOGY	6,457	0	1,840	0	6,634	68.00
69.00	06900	ELECTROCARDIOLOGY	9,523	0	615	0	6,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,298	0	2,856	0	29,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	103,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	84,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,111,907	713,118	73.00
76.00	03190	CHEMOTHERAPY	65,267	0	28,390	0	52,923	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	80,552	0	313	0	13,229	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	4,142	0	954	0	2,252	90.03
91.00	09100	EMERGENCY	262,559	767,217	80,725	0	458,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,917,710	4,768,918	1,944,729	6,111,907	3,727,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,837	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,787	0	290	6,338	0	192.00
194.00	07950	FOUNDATION	8,823	0	16	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	375	3,303	0	194.01
194.02	07952	PSS ADMINISTRATION	6,825	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	926	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	36,813	0	35	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	98	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,990,721	4,768,918	1,945,543	6,121,548	3,727,712	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
1.01	00101						1.01	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300						13.00	
14.00	01400						14.00	
15.00	01500						15.00	
16.00	01600						16.00	
23.00	02300	313,154					23.00	
23.01	02301		247,526				23.01	
23.02	02303			233,741			23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	0	0	0	25,855,427	0	30.00	
31.00	03100	0	0	0	9,867,042	0	31.00	
41.00	04100	0	0	0	2,809,332	0	41.00	
43.00	04300	0	0	0	1,266,542	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	0	0	25,023,095	0	50.00	
52.00	05200	0	0	0	2,436,382	0	52.00	
53.00	05300	0	0	0	1,376,224	0	53.00	
54.00	05400	0	55,782	0	6,290,595	0	54.00	
54.01	03440	0	10,006	0	640,385	0	54.01	
54.02	03450	0	36,398	0	1,488,442	0	54.02	
54.03	03630	0	25,711	0	711,663	0	54.03	
55.00	05500	0	67,937	0	3,405,875	0	55.00	
57.00	05700	0	41,391	0	967,693	0	57.00	
58.00	05800	0	10,301	0	1,083,286	0	58.00	
59.00	05900	0	0	0	3,045,910	0	59.00	
60.00	06000	0	0	0	9,852,789	0	60.00	
65.00	06500	0	0	0	2,785,149	0	65.00	
66.00	06600	0	0	0	4,389,862	0	66.00	
67.00	06700	0	0	0	1,496,711	0	67.00	
68.00	06800	0	0	0	296,795	0	68.00	
69.00	06900	0	0	0	344,888	0	69.00	
70.00	07000	0	0	0	1,311,537	0	70.00	
71.00	07100	0	0	0	2,199,524	0	71.00	
72.00	07200	0	0	0	4,902,051	0	72.00	
73.00	07300	0	0	233,741	34,849,887	0	73.00	
76.00	03190	0	0	0	1,906,664	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	2,327,833	0	90.01	
90.02	04950	0	0	0	0	0	90.02	
90.03	09002	0	0	0	223,377	0	90.03	
91.00	09100	313,154	0	0	9,911,288	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		313,154	247,526	233,741	163,066,248	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	79,006	0	190.00	
191.00	19100	0	0	0	208,175	0	191.00	
192.00	19200	0	0	0	5,725,509	0	192.00	
194.00	07950	0	0	0	340,039	0	194.00	
194.01	07951	0	0	0	665,489	0	194.01	
194.02	07952	0	0	0	54,995	0	194.02	
194.03	07953	0	0	0	158,191	0	194.03	
194.04	07954	0	0	0	27,229	0	194.04	
194.05	07955	0	0	0	1,083,450	0	194.05	
194.06	07956	0	0	0	6,735,956	0	194.06	
194.07	07957	0	0	0	2,690,653	0	194.07	
194.08	07958	0	0	0	112,219	0	194.08	
194.09	07959	0	0	0	3,818	0	194.09	
194.10	07960	0	0	0	32,541	0	194.10	
194.11	07961	0	0	0	0	0	194.11	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	2,258,484	0	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	313,154	247,526	233,741	183,242,002			202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
23.00	02300	ALLIED HEALTH-EMS	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03440	MAMMOGRAPHY	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.03	03630	ULTRA SOUND	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03190	CHEMOTHERAPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	90.01
90.02	04950	DIABETIC EDUCATION	90.02
90.03	09002	MS CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FOUNDATION	194.00
194.01	07951	CHILDRENS CLINIC	194.01
194.02	07952	PSS ADMINISTRATION	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	194.04
194.05	07955	HEALTHY FAMILIES	194.05
194.06	07956	DME-HOME CARE	194.06
194.07	07957	MARKETING	194.07
194.08	07958	CORPORATE COMMUNICATIONS	194.08
194.09	07959	MOB	194.09
194.10	07960	ASC	194.10
194.11	07961	MAB	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	194.12
194.13	07962	IDLE SPACE	194.13
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	183,242,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-MAB			
		0	1.00 1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	42,788	0	42,788	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	3,550,755	292,593	15,498	3,858,846	5.00
7.00 00700	OPERATION OF PLANT	0	385,161	64,316	449,477	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	54,381	0	54,381	8.00
9.00 00900	HOUSEKEEPING	0	68,932	0	68,932	9.00
10.00 01000	DIETARY	0	73,727	0	73,727	10.00
11.00 01100	CAFETERIA	0	118,588	0	118,588	11.00
13.00 01300	NURSING ADMINISTRATION	0	33,744	0	33,744	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	109,578	0	109,578	14.00
15.00 01500	PHARMACY	0	32,604	0	32,604	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	36,024	0	36,024	16.00
23.00 02300	ALLIED HEALTH-EMS	0	898	0	898	23.00
23.01 02301	ALLIED HEALTH-RAD TECH	0	760	0	760	23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	0	691	0	691	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	473,632	0	473,632	30.00
31.00 03100	INTENSIVE CARE UNIT	0	101,287	0	101,287	31.00
41.00 04100	SUBPROVIDER - IRF	0	69,091	0	69,091	41.00
43.00 04300	NURSERY	0	62,596	0	62,596	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	139,729	0	139,729	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	113,109	0	113,109	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	98,648	11,968	110,616	54.00
54.01 03440	MAMMOGRAPHY	0	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,787	0	7,787	54.02
54.03 03630	ULTRA SOUND	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	3,807	0	3,807	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,930	0	6,930	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	59,156	0	59,156	59.00
60.00 06000	LABORATORY	0	86,668	11,968	98,636	60.00
65.00 06500	RESPIRATORY THERAPY	0	49,317	0	49,317	65.00
66.00 06600	PHYSICAL THERAPY	0	79,344	0	79,344	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,206	0	26,206	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,014	6,977	10,991	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	45,574	45,574	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	80,449	0	80,449	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	0	24,182	0	24,182	90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03 09002	MS CLINIC	0	14,951	0	14,951	90.03
91.00 09100	EMERGENCY	0	155,489	0	155,489	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,550,755	2,906,861	156,301	6,613,917	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	13,003	0	13,003	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	12,637	0	12,637	192.00
194.00 07950	FOUNDATION	0	4,394	0	4,394	194.00
194.01 07951	CHILDRENS CLINIC	0	0	0	0	194.01
194.02 07952	PSS ADMINISTRATION	0	3,821	0	3,821	194.02
194.03 07953	SEXUAL ASSULT PROGRAM	0	0	0	0	194.03
194.04 07954	ASPR BIOTERRORISM GRANT	0	0	0	0	194.04
194.05 07955	HEALTHY FAMILIES	0	69,720	0	69,720	194.05
194.06 07956	DME-HOME CARE	0	64,172	0	64,172	194.06
194.07 07957	MARKETING	0	0	0	0	194.07
194.08 07958	CORPORATE COMMUNICATIONS	0	17,459	0	17,459	194.08
194.09 07959	MOB	0	0	0	0	194.09
194.10 07960	ASC	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-MAB			
		1.00	1.01			
	0			2A	4.00	
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	0	19,656	0	19,656	893	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,550,755	3,111,723	156,301	6,818,779	42,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,867,361				5.00	
7.00	00700	OPERATION OF PLANT	243,258	693,042			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	15,740	15,762	85,883		8.00	
9.00	00900	HOUSEKEEPING	67,837	19,979	0	156,748	9.00	
10.00	01000	DIETARY	12,188	21,368	0	1,056	108,339	10.00
11.00	01100	CAFETERIA	50,246	34,371	0	1,695	0	11.00
13.00	01300	NURSING ADMINISTRATION	95,093	9,780	0	699	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,245	31,759	722	937	0	14.00
15.00	01500	PHARMACY	121,186	9,450	0	595	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	71,270	10,441	0	297	0	16.00
23.00	02300	ALLIED HEALTH-EMS	6,238	260	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	5,061	220	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	4,694	200	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	374,523	137,276	21,993	57,466	82,257	30.00
31.00	03100	INTENSIVE CARE UNIT	163,026	29,356	10,485	14,425	12,458	31.00
41.00	04100	SUBPROVIDER - IRF	39,712	20,025	3,526	8,923	9,537	41.00
43.00	04300	NURSERY	16,606	18,142	875	2,252	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	448,279	40,498	15,801	23,750	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,350	32,783	1,775	4,571	0	52.00
53.00	05300	ANESTHESIOLOGY	28,266	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110,635	28,591	394	5,428	0	54.00
54.01	03440	MAMMOGRAPHY	12,354	0	66	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26,783	2,257	42	535	0	54.02
54.03	03630	ULTRA SOUND	12,881	0	83	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	64,778	0	1,770	521	3,473	55.00
57.00	05700	CT SCAN	15,612	1,103	4,488	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,811	2,008	906	297	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,008	17,145	5,244	446	0	59.00
60.00	06000	LABORATORY	187,701	25,119	0	5,086	0	60.00
65.00	06500	RESPIRATORY THERAPY	49,628	14,294	0	149	0	65.00
66.00	06600	PHYSICAL THERAPY	79,228	22,996	778	2,100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,967	7,595	273	693	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,474	1,163	60	107	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,929	0	49	2,052	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,631	23,317	63	2,052	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,228	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	101,666	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	586,568	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	36,660	0	1,964	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	43,959	7,009	0	1,517	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	2,974	4,333	0	134	0	90.03
91.00	09100	EMERGENCY	142,793	45,066	13,525	15,437	614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,466,086	633,666	84,882	153,220	108,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	345	3,769	0	0	0	190.00
191.00	19100	RESEARCH	4,270	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,544	3,663	894	744	0	192.00
194.00	07950	FOUNDATION	6,486	1,274	0	119	0	194.00
194.01	07951	CHILDRENS CLINIC	13,032	0	50	1,933	0	194.01
194.02	07952	PSS ADMINISTRATION	628	1,107	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	3,319	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	575	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	14,860	20,207	0	286	0	194.05
194.06	07956	DME-HOME CARE	135,634	18,599	0	0	0	194.06
194.07	07957	MARKETING	56,786	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	521	5,060	0	149	0	194.08
194.09	07959	MOB	10	0	57	119	0	194.09
194.10	07960	ASC	599	0	0	178	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	45,666	5,697	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00	0	201.00
202.00	TOTAL (sum lines 118-201)	3,867,361	693,042	85,883	156,748	108,339	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	204,900					11.00
13.00	01300	NURSING ADMINISTRATION	5,805	146,867				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,384	0	174,949			14.00
15.00	01500	PHARMACY	11,661	0	3,479	180,913		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,677	0	0	0	130,905	16.00
23.00	02300	ALLIED HEALTH-EMS	908	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	278	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	548	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,488	74,193	5,779	0	8,561	30.00
31.00	03100	INTENSIVE CARE UNIT	16,247	21,341	6,222	0	3,352	31.00
41.00	04100	SUBPROVIDER - I RF	4,244	5,574	408	0	691	41.00
43.00	04300	NURSERY	1,786	2,346	480	0	322	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,831	8,973	126,119	0	20,794	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,623	4,759	631	0	689	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,160	0	5,991	0	4,085	54.00
54.01	03440	MAMMOGRAPHY	872	0	957	0	733	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,125	0	3,640	0	2,666	54.02
54.03	03630	ULTRA SOUND	1,404	0	44	0	1,883	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,909	0	572	0	4,980	55.00
57.00	05700	CT SCAN	1,995	0	1	0	3,031	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	978	0	33	0	754	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,608	6,053	5,585	0	4,767	59.00
60.00	06000	LABORATORY	202	0	79	0	14,819	60.00
65.00	06500	RESPIRATORY THERAPY	5,531	0	2,360	0	3,002	65.00
66.00	06600	PHYSICAL THERAPY	8,750	0	1,012	0	2,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,890	0	1,081	0	687	67.00
68.00	06800	SPEECH PATHOLOGY	442	0	165	0	233	68.00
69.00	06900	ELECTROCARDIOLOGY	652	0	55	0	238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	637	0	257	0	1,019	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	180,628	25,157	73.00
76.00	03190	CHEMOTHERAPY	4,472	0	2,553	0	1,856	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	5,519	0	28	0	464	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	284	0	86	0	79	90.03
91.00	09100	EMERGENCY	17,988	23,628	7,259	0	16,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	199,898	146,867	174,876	180,628	130,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	400	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	945	0	26	187	0	192.00
194.00	07950	FOUNDATION	604	0	1	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	34	98	0	194.01
194.02	07952	PSS ADMINISTRATION	468	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	63	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	2,522	0	3	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	9	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	204,900	146,867	174,949	180,913	130,905		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description			ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	8,424					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		6,420				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			6,225			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,300,393		30.00
31.00	03100	INTENSIVE CARE UNIT				380,668		31.00
41.00	04100	SUBPROVIDER - IRF				162,367		41.00
43.00	04300	NURSERY				105,668		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				831,798		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				194,824		52.00
53.00	05300	ANESTHESIOLOGY				29,560		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				281,428		54.00
54.01	03440	MAMMOGRAPHY				15,104		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC				45,054		54.02
54.03	03630	ULTRA SOUND				16,555		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC				80,612		55.00
57.00	05700	CT SCAN				30,343		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				32,893		58.00
59.00	05900	CARDIAC CATHETERIZATION				150,762		59.00
60.00	06000	LABORATORY				331,668		60.00
65.00	06500	RESPIRATORY THERAPY				125,078		65.00
66.00	06600	PHYSICAL THERAPY				197,583		66.00
67.00	06700	OCCUPATIONAL THERAPY				66,850		67.00
68.00	06800	SPEECH PATHOLOGY				18,732		68.00
69.00	06900	ELECTROCARDIOLOGY				54,625		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				125,687		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				47,873		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				104,645		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				792,353		73.00
76.00	03190	CHEMOTHERAPY				48,077		76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER				83,427		90.01
90.02	04950	DIABETIC EDUCATION				0		90.02
90.03	09002	MS CLINIC				22,889		90.03
91.00	09100	EMERGENCY				440,316		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	6,117,832		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				17,117		190.00
191.00	19100	RESEARCH				4,735		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				139,543		192.00
194.00	07950	FOUNDATION				12,968		194.00
194.01	07951	CHILDRENS CLINIC				15,330		194.01
194.02	07952	PSS ADMINISTRATION				6,044		194.02
194.03	07953	SEXUAL ASSULT PROGRAM				3,444		194.03
194.04	07954	ASPR BIOTERRORISM GRANT				575		194.04
194.05	07955	HEALTHY FAMILIES				107,808		194.05
194.06	07956	DME-HOME CARE				219,455		194.06
194.07	07957	MARKETING				56,786		194.07
194.08	07958	CORPORATE COMMUNICATIONS				23,189		194.08
194.09	07959	MOB				186		194.09
194.10	07960	ASC				786		194.10
194.11	07961	MAB				0		194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES				71,912			0
194.13	07962 IDLE SPACE				0			0
200.00	Cross Foot Adjustments	8,424	6,420	6,225	21,069			0
201.00	Negative Cost Centers	0	0	0	0			0
202.00	TOTAL (sum lines 118-201)	8,424	6,420	6,225	6,818,779			0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100		1.00
1.01	00101		1.01
4.00	00400		4.00
5.00	00500		5.00
7.00	00700		7.00
8.00	00800		8.00
9.00	00900		9.00
10.00	01000		10.00
11.00	01100		11.00
13.00	01300		13.00
14.00	01400		14.00
15.00	01500		15.00
16.00	01600		16.00
23.00	02300		23.00
23.01	02301		23.01
23.02	02303		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	1,300,393	30.00
31.00	03100	380,668	31.00
41.00	04100	162,367	41.00
43.00	04300	105,668	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	831,798	50.00
52.00	05200	194,824	52.00
53.00	05300	29,560	53.00
54.00	05400	281,428	54.00
54.01	03440	15,104	54.01
54.02	03450	45,054	54.02
54.03	03630	16,555	54.03
55.00	05500	80,612	55.00
57.00	05700	30,343	57.00
58.00	05800	32,893	58.00
59.00	05900	150,762	59.00
60.00	06000	331,668	60.00
65.00	06500	125,078	65.00
66.00	06600	197,583	66.00
67.00	06700	66,850	67.00
68.00	06800	18,732	68.00
69.00	06900	54,625	69.00
70.00	07000	125,687	70.00
71.00	07100	47,873	71.00
72.00	07200	104,645	72.00
73.00	07300	792,353	73.00
76.00	03190	48,077	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	0	90.00
90.01	09001	83,427	90.01
90.02	04950	0	90.02
90.03	09002	22,889	90.03
91.00	09100	440,316	91.00
92.00	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300		113.00
118.00		6,117,832	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	17,117	190.00
191.00	19100	4,735	191.00
192.00	19200	139,543	192.00
194.00	07950	12,968	194.00
194.01	07951	15,330	194.01
194.02	07952	6,044	194.02
194.03	07953	3,444	194.03
194.04	07954	575	194.04
194.05	07955	107,808	194.05
194.06	07956	219,455	194.06
194.07	07957	56,786	194.07
194.08	07958	23,189	194.08
194.09	07959	186	194.09
194.10	07960	786	194.10
194.11	07961	0	194.11
194.12	07963	71,912	194.12
194.13	07962	0	194.13
200.00		21,069	200.00
201.00		0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 10:46 am
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	6,818,779		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/29/2017 10:46 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	450,381				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	0	13,060			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	61,023,163		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,349	1,295	12,129,917	-37,321,814	145,920,188
7.00 00700	OPERATION OF PLANT	55,747	5,374	437,251	0	9,178,499
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	593,888
9.00 00900	HOUSEKEEPING	9,977	0	0	0	2,559,609
10.00 01000	DIETARY	10,671	0	0	0	459,874
11.00 01100	CAFETERIA	17,164	0	0	0	1,895,843
13.00 01300	NURSING ADMINISTRATION	4,884	0	2,491,026	0	3,588,011
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	461,537	0	1,065,711
15.00 01500	PHARMACY	4,719	0	2,765,241	0	4,572,522
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	1,705,838	0	2,689,115
23.00 02300	ALLIED HEALTH-EMS	130	0	171,661	0	235,365
23.01 02301	ALLIED HEALTH-RAD TECH	110	0	144,257	0	190,960
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	131,243	0	177,113
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	68,552	0	11,733,368	0	14,131,343
31.00 03100	INTENSIVE CARE UNIT	14,660	0	3,521,550	0	6,151,216
41.00 04100	SUBPROVIDER - IRF	10,000	0	907,739	0	1,498,378
43.00 04300	NURSERY	9,060	0	375,188	0	626,587
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,224	0	1,460,539	0	16,914,276
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,371	0	761,277	0	1,220,618
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,066,535
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,278	1,000	2,180,346	0	4,174,431
54.01 03440	MAMMOGRAPHY	0	0	173,996	0	466,124
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	0	313,104	0	1,010,559
54.03 03630	ULTRA SOUND	0	0	370,949	0	486,009
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	869,420	0	2,444,187
57.00 05700	CT SCAN	551	0	436,314	0	589,076
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	250,510	0	785,230
59.00 05900	CARDIAC CATHETERIZATION	8,562	0	1,069,373	0	1,773,670
60.00 06000	LABORATORY	12,544	1,000	37,741	0	7,082,246
65.00 06500	RESPIRATORY THERAPY	7,138	0	1,137,327	0	1,872,558
66.00 06600	PHYSICAL THERAPY	11,484	0	1,922,979	0	2,989,412
67.00 06700	OCCUPATIONAL THERAPY	3,793	0	653,713	0	1,017,490
68.00 06800	SPEECH PATHOLOGY	581	583	138,971	0	206,558
69.00 06900	ELECTROCARDIOLOGY	0	3,808	108,590	0	223,721
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	373,129	0	665,242
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,668,796
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,836,009
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,130,794
76.00 03190	CHEMOTHERAPY	0	0	816,406	0	1,383,246
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	ANDERSON OUTPATIENT CENTER	3,500	0	1,067,866	0	1,658,630
90.02 04950	DIABETIC EDUCATION	0	0	0	0	0
90.03 09002	MS CLINIC	2,164	0	68,376	0	112,228
91.00 09100	EMERGENCY	22,505	0	3,450,281	0	5,387,791
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	420,730	13,060	54,637,023	-37,321,814	130,779,470
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	13,003
191.00 19100	RESEARCH	0	0	92,365	0	161,127
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	2,714,644	0	4,472,851
194.00 07950	FOUNDATION	636	0	128,949	0	244,732
194.01 07951	CHILDRENS CLINIC	0	0	260,801	0	491,717
194.02 07952	PSS ADMINISTRATION	553	0	28,548	0	23,693
194.03 07953	SEXUAL ASSULT PROGRAM	0	0	89,003	0	125,234
194.04 07954	ASPR BIOTERRORISM GRANT	0	0	0	0	21,683
194.05 07955	HEALTHY FAMILIES	10,091	0	299,516	0	560,673
194.06 07956	DME-HOME CARE	9,288	0	1,498,522	0	5,117,687
194.07 07957	MARKETING	0	0	0	0	2,142,634
194.08 07958	CORPORATE COMMUNICATIONS	2,527	0	0	0	19,666
194.09 07959	MOB	0	0	0	0	361

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/29/2017 10:46 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)					
	1.00	1.01	4.00				
194.10 07960 ASC	0	0	0	0	0	22,620	194.10
194.11 07961 MAB	0	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	2,845	0	1,273,792	0	0	1,723,037	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	0	194.13
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)	3,111,723	156,301	13,769,473			37,321,814	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.909090	11.967917	0.225643			0.255769	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			42,788			3,867,361	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000701			0.026503	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/29/2017 10:46 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	346,092				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	1,095,768			8.00
9.00	00900	HOUSEKEEPING	9,977	0	52,701		9.00
10.00	01000	DIETARY	10,671	0	355	8,827	10.00
11.00	01100	CAFETERIA	17,164	0	570	0	1,414,562
13.00	01300	NURSING ADMINISTRATION	4,884	0	235	0	40,079
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	9,211	315	0	23,361
15.00	01500	PHARMACY	4,719	0	200	0	80,505
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	100	0	80,611
23.00	02300	ALLIED HEALTH-EMS	130	0	0	0	6,272
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	0	0	1,921
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	0	0	3,783
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,552	280,626	19,321	6,702	389,957
31.00	03100	INTENSIVE CARE UNIT	14,660	133,781	4,850	1,015	112,167
41.00	04100	SUBPROVIDER - IRF	10,000	44,983	3,000	777	29,298
43.00	04300	NURSERY	9,060	11,161	757	0	12,329
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,224	201,603	7,985	0	47,160
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,371	22,646	1,537	0	25,015
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	5,023	1,825	0	97,753
54.01	03440	MAMMOGRAPHY	0	839	0	0	6,020
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	530	180	0	7,766
54.03	03630	ULTRA SOUND	0	1,060	0	0	9,695
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,589	175	283	26,987
57.00	05700	CT SCAN	551	57,258	0	0	13,773
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	11,560	100	0	6,754
59.00	05900	CARDIAC CATHETERIZATION	8,562	66,909	150	0	31,812
60.00	06000	LABORATORY	12,544	0	1,710	0	1,395
65.00	06500	RESPIRATORY THERAPY	7,138	0	50	0	38,185
66.00	06600	PHYSICAL THERAPY	11,484	9,928	706	0	60,409
67.00	06700	OCCUPATIONAL THERAPY	3,793	3,478	233	0	19,951
68.00	06800	SPEECH PATHOLOGY	581	764	36	0	3,054
69.00	06900	ELECTROCARDIOLOGY	0	627	690	0	4,504
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	801	690	0	4,398
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03190	CHEMOTHERAPY	0	25,056	0	0	30,870
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	510	0	38,100
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	2,164	0	45	0	1,959
91.00	09100	EMERGENCY	22,505	172,562	5,190	50	124,186
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	316,441	1,082,995	51,515	8,827	1,380,029
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	2,761
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	11,404	250	0	6,521
194.00	07950	FOUNDATION	636	0	40	0	4,173
194.01	07951	CHILDRENS CLINIC	0	637	650	0	0
194.02	07952	PSS ADMINISTRATION	553	0	0	0	3,228
194.03	07953	SEXUAL ASSULT PROGRAM	0	0	0	0	438
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0
194.05	07955	HEALTHY FAMILIES	10,091	0	96	0	17,412
194.06	07956	DME-HOME CARE	9,288	0	0	0	0
194.07	07957	MARKETING	0	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	50	0	0
194.09	07959	MOB	0	732	40	0	0
194.10	07960	ASC	0	0	60	0	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/29/2017 10:46 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
		7.00	8.00	9.00	10.00	11.00	
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
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)	11,526,075	1,007,918	3,546,547	956,768	2,990,721	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.303500	0.919828	67.295630	108.391073	2.114238	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	693,042	85,883	156,748	108,339	204,900	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.002479	0.078377	2.974289	12.273592	0.144850	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	771,924					13.00
14.00	01400		10,142,694				14.00
15.00	01500		201,715	22,165,703			15.00
16.00	01600				644,154,595		16.00
23.00	02300					100	23.00
23.01	02301						23.01
23.02	02303						23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	389,957	335,030		42,173,561		30.00
31.00	03100	112,167	360,717		16,510,508		31.00
41.00	04100	29,298	23,674		3,405,982		41.00
43.00	04300	12,329	27,847		1,585,984		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,160	7,311,699		102,432,743		50.00
52.00	05200	25,015	36,556		3,395,721		52.00
53.00	05300				6,376,663		53.00
54.00	05400		347,324		20,123,332		54.00
54.01	03440		55,497		3,609,803		54.01
54.02	03450		211,006		13,130,575		54.02
54.03	03630		2,549		9,275,101		54.03
55.00	05500		33,167		24,529,909		55.00
57.00	05700		63		14,931,660		57.00
58.00	05800		1,912		3,716,066		58.00
59.00	05900	31,812	323,788		23,484,882		59.00
60.00	06000		4,605		73,001,117		60.00
65.00	06500		136,817		14,789,779		65.00
66.00	06600		58,694		9,983,214		66.00
67.00	06700		62,651		3,383,576		67.00
68.00	06800		9,591		1,146,408		68.00
69.00	06900		3,207		1,174,453		69.00
70.00	07000		14,887		5,017,410		70.00
71.00	07100				17,954,337		71.00
72.00	07200				14,672,470		72.00
73.00	07300			22,130,794	123,229,517		73.00
76.00	03190		148,006		9,145,114		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001		1,634		2,286,013		90.01
90.02	04950						90.02
90.03	09002		4,974		389,153		90.03
91.00	09100	124,186	420,842		79,299,544	100	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		771,924	10,138,452	22,130,794	644,154,595	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200		1,511	22,949			192.00
194.00	07950		85				194.00
194.01	07951		1,954	11,960			194.01
194.02	07952						194.02
194.03	07953						194.03
194.04	07954						194.04
194.05	07955		183				194.05
194.06	07956						194.06
194.07	07957						194.07
194.08	07958						194.08
194.09	07959						194.09
194.10	07960		509				194.10
194.11	07961						194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,768,918	1,945,543	6,121,548	3,727,712	313,154	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.177963	0.191817	0.276172	0.005787	3,131.540000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	146,867	174,949	180,913	130,905	8,424	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.190261	0.017249	0.008162	0.000203	84.240000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME) 23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
23.00	02300			23.00
23.01	02301	89,307,578		23.01
23.02	02303		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000		0	30.00
31.00	03100		0	31.00
41.00	04100		0	41.00
43.00	04300		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000		0	50.00
52.00	05200		0	52.00
53.00	05300		0	53.00
54.00	05400	20,123,331	0	54.00
54.01	03440	3,609,803	0	54.01
54.02	03450	13,130,575	0	54.02
54.03	03630	9,275,101	0	54.03
55.00	05500	24,521,043	0	55.00
57.00	05700	14,931,659	0	57.00
58.00	05800	3,716,066	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	100	73.00
76.00	03190	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	04950	0	0	90.02
90.03	09002	0	0	90.03
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
118.00		89,307,578	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
191.00	19100	0	0	191.00
192.00	19200	0	0	192.00
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
194.04	07954	0	0	194.04
194.05	07955	0	0	194.05
194.06	07956	0	0	194.06
194.07	07957	0	0	194.07
194.08	07958	0	0	194.08
194.09	07959	0	0	194.09
194.10	07960	0	0	194.10
194.11	07961	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
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To 06/30/2017

Worksheet B-1

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Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME) 23.02	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	194.12
194.13	07962 IDLE SPACE	0	0	194.13
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)	247,526	233,741	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002772	2,337.410000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,420	6,225	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000072	62.250000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am		
		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		25,855,427		25,855,427	0	25,855,427	30.00
31.00	03100 INTENSIVE CARE UNIT		9,867,042		9,867,042	0	9,867,042	31.00
41.00	04100 SUBPROVIDER - I RF		2,809,332		2,809,332	0	2,809,332	41.00
43.00	04300 NURSERY		1,266,542		1,266,542	0	1,266,542	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM		25,023,095		25,023,095	194,867	25,217,962	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,436,382		2,436,382	0	2,436,382	52.00
53.00	05300 ANESTHESIOLOGY		1,376,224		1,376,224	0	1,376,224	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,290,595		6,290,595	0	6,290,595	54.00
54.01	03440 MAMMOGRAPHY		640,385		640,385	0	640,385	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,488,442		1,488,442	0	1,488,442	54.02
54.03	03630 ULTRA SOUND		711,663		711,663	0	711,663	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,405,875		3,405,875	0	3,405,875	55.00
57.00	05700 CT SCAN		967,693		967,693	0	967,693	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,083,286		1,083,286	0	1,083,286	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,045,910		3,045,910	0	3,045,910	59.00
60.00	06000 LABORATORY		9,852,789		9,852,789	0	9,852,789	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,785,149	0	2,785,149	0	2,785,149	65.00
66.00	06600 PHYSICAL THERAPY	0	4,389,862	0	4,389,862	0	4,389,862	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,496,711	0	1,496,711	0	1,496,711	67.00
68.00	06800 SPEECH PATHOLOGY	0	296,795	0	296,795	0	296,795	68.00
69.00	06900 ELECTROCARDIOLOGY		344,888		344,888	0	344,888	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,311,537		1,311,537	0	1,311,537	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,199,524		2,199,524	0	2,199,524	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,902,051		4,902,051	0	4,902,051	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		34,849,887		34,849,887	0	34,849,887	73.00
76.00	03190 CHEMOTHERAPY		1,906,664		1,906,664	0	1,906,664	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC		0		0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER		2,327,833		2,327,833	0	2,327,833	90.01
90.02	04950 DIABETIC EDUCATION		0		0	0	0	90.02
90.03	09002 MS CLINIC		223,377		223,377	0	223,377	90.03
91.00	09100 EMERGENCY		9,911,288		9,911,288	0	9,911,288	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,109,288		1,109,288	0	1,109,288	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE							113.00
200.00	Subtotal (see instructions)		164,175,536	0	164,175,536	194,867	164,370,403	200.00
201.00	Less Observation Beds		1,109,288		1,109,288		1,109,288	201.00
202.00	Total (see instructions)		163,066,248	0	163,066,248	194,867	163,261,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,140,504		40,140,504		30.00
31.00	03100	INTENSIVE CARE UNIT	16,510,508		16,510,508		31.00
41.00	04100	SUBPROVIDER - IRF	3,405,982		3,405,982		41.00
43.00	04300	NURSERY	1,585,984		1,585,984		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,539,124	80,893,619	102,432,743	0.244288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,767,235	628,486	3,395,721	0.717486	52.00
53.00	05300	ANESTHESIOLOGY	1,666,600	4,710,063	6,376,663	0.215822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,468,368	13,654,964	20,123,332	0.312602	54.00
54.01	03440	MAMMOGRAPHY	1,661	3,608,142	3,609,803	0.177402	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,369,428	11,761,147	13,130,575	0.113357	54.02
54.03	03630	ULTRA SOUND	1,634,520	7,640,581	9,275,101	0.076728	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	763,267	23,766,642	24,529,909	0.138846	55.00
57.00	05700	CT SCAN	3,516,163	11,415,497	14,931,660	0.064808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	837,702	2,878,364	3,716,066	0.291514	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,302,454	17,182,428	23,484,882	0.129697	59.00
60.00	06000	LABORATORY	26,539,949	46,461,168	73,001,117	0.134968	60.00
65.00	06500	RESPIRATORY THERAPY	12,904,663	1,885,116	14,789,779	0.188316	65.00
66.00	06600	PHYSICAL THERAPY	2,752,447	7,230,767	9,983,214	0.439724	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,123,026	1,260,550	3,383,576	0.442346	67.00
68.00	06800	SPEECH PATHOLOGY	596,377	550,031	1,146,408	0.258891	68.00
69.00	06900	ELECTROCARDIOLOGY	2,065	1,172,388	1,174,453	0.293658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	424,123	4,593,287	5,017,410	0.261397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,075,950	9,878,387	17,954,337	0.122507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,434,369	7,238,101	14,672,470	0.334099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,618,886	94,610,631	123,229,517	0.282805	73.00
76.00	03190	CHEMOTHERAPY	162,259	8,982,855	9,145,114	0.208490	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,955	2,284,058	2,286,013	1.018294	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	389,153	389,153	0.574008	90.03
91.00	09100	EMERGENCY	15,083,022	64,216,522	79,299,544	0.124985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,033,057	2,033,057	0.545626	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	213,228,591	430,926,004	644,154,595		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	213,228,591	430,926,004	644,154,595		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.246190		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.717486		52.00
53.00	05300 ANESTHESIOLOGY	0.215822		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312602		54.00
54.01	03440 MAMMOGRAPHY	0.177402		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113357		54.02
54.03	03630 ULTRA SOUND	0.076728		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138846		55.00
57.00	05700 CT SCAN	0.064808		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.291514		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129697		59.00
60.00	06000 LABORATORY	0.134968		60.00
65.00	06500 RESPIRATORY THERAPY	0.188316		65.00
66.00	06600 PHYSICAL THERAPY	0.439724		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.442346		67.00
68.00	06800 SPEECH PATHOLOGY	0.258891		68.00
69.00	06900 ELECTROCARDIOLOGY	0.293658		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261397		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334099		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.282805		73.00
76.00	03190 CHEMOTHERAPY	0.208490		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	1.018294		90.01
90.02	04950 DIABETIC EDUCATION	0.000000		90.02
90.03	09002 MS CLINIC	0.574008		90.03
91.00	09100 EMERGENCY	0.124985		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545626		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		25,855,427	0	25,855,427	30.00
31.00	03100 INTENSIVE CARE UNIT		9,867,042	0	9,867,042	31.00
41.00	04100 SUBPROVIDER - I RF		2,809,332	0	2,809,332	41.00
43.00	04300 NURSERY		1,266,542	0	1,266,542	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		25,023,095	194,867	25,217,962	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,436,382	0	2,436,382	52.00
53.00	05300 ANESTHESIOLOGY		1,376,224	0	1,376,224	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,290,595	0	6,290,595	54.00
54.01	03440 MAMMOGRAPHY		640,385	0	640,385	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,488,442	0	1,488,442	54.02
54.03	03630 ULTRA SOUND		711,663	0	711,663	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,405,875	0	3,405,875	55.00
57.00	05700 CT SCAN		967,693	0	967,693	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,083,286	0	1,083,286	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,045,910	0	3,045,910	59.00
60.00	06000 LABORATORY		9,852,789	0	9,852,789	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,785,149	0	2,785,149	65.00
66.00	06600 PHYSICAL THERAPY	0	4,389,862	0	4,389,862	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,496,711	0	1,496,711	67.00
68.00	06800 SPEECH PATHOLOGY	0	296,795	0	296,795	68.00
69.00	06900 ELECTROCARDIOLOGY		344,888	0	344,888	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,311,537	0	1,311,537	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,199,524	0	2,199,524	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,902,051	0	4,902,051	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		34,849,887	0	34,849,887	73.00
76.00	03190 CHEMOTHERAPY		1,906,664	0	1,906,664	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER		2,327,833	0	2,327,833	90.01
90.02	04950 DIABETIC EDUCATION		0	0	0	90.02
90.03	09002 MS CLINIC		223,377	0	223,377	90.03
91.00	09100 EMERGENCY		9,911,288	0	9,911,288	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,109,288	0	1,109,288	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		164,175,536	194,867	164,370,403	200.00
201.00	Less Observation Beds		1,109,288	0	1,109,288	201.00
202.00	Total (see instructions)		163,066,248	194,867	163,261,115	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,140,504		40,140,504		30.00
31.00	03100	INTENSIVE CARE UNIT	16,510,508		16,510,508		31.00
41.00	04100	SUBPROVIDER - IRF	3,405,982		3,405,982		41.00
43.00	04300	NURSERY	1,585,984		1,585,984		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,539,124	80,893,619	102,432,743	0.244288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,767,235	628,486	3,395,721	0.717486	52.00
53.00	05300	ANESTHESIOLOGY	1,666,600	4,710,063	6,376,663	0.215822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,468,368	13,654,964	20,123,332	0.312602	54.00
54.01	03440	MAMMOGRAPHY	1,661	3,608,142	3,609,803	0.177402	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,369,428	11,761,147	13,130,575	0.113357	54.02
54.03	03630	ULTRA SOUND	1,634,520	7,640,581	9,275,101	0.076728	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	763,267	23,766,642	24,529,909	0.138846	55.00
57.00	05700	CT SCAN	3,516,163	11,415,497	14,931,660	0.064808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	837,702	2,878,364	3,716,066	0.291514	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,302,454	17,182,428	23,484,882	0.129697	59.00
60.00	06000	LABORATORY	26,539,949	46,461,168	73,001,117	0.134968	60.00
65.00	06500	RESPIRATORY THERAPY	12,904,663	1,885,116	14,789,779	0.188316	65.00
66.00	06600	PHYSICAL THERAPY	2,752,447	7,230,767	9,983,214	0.439724	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,123,026	1,260,550	3,383,576	0.442346	67.00
68.00	06800	SPEECH PATHOLOGY	596,377	550,031	1,146,408	0.258891	68.00
69.00	06900	ELECTROCARDIOLOGY	2,065	1,172,388	1,174,453	0.293658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	424,123	4,593,287	5,017,410	0.261397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,075,950	9,878,387	17,954,337	0.122507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,434,369	7,238,101	14,672,470	0.334099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,618,886	94,610,631	123,229,517	0.282805	73.00
76.00	03190	CHEMOTHERAPY	162,259	8,982,855	9,145,114	0.208490	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,955	2,284,058	2,286,013	1.018294	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	389,153	389,153	0.574008	90.03
91.00	09100	EMERGENCY	15,083,022	64,216,522	79,299,544	0.124985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,033,057	2,033,057	0.545626	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	213,228,591	430,926,004	644,154,595		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	213,228,591	430,926,004	644,154,595		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:46 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03440 MAMMOGRAPHY	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630 ULTRA SOUND	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03190 CHEMOTHERAPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.000000		90.01
90.02	04950 DIABETIC EDUCATION	0.000000		90.02
90.03	09002 MS CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,300,393	0	1,300,393	23,378	55.62	30.00
31.00	INTENSIVE CARE UNIT	380,668	0	380,668	6,274	60.67	31.00
41.00	SUBPROVIDER - IRF	162,367	0	162,367	2,645	61.39	41.00
43.00	NURSERY	105,668		105,668	991	106.63	43.00
200.00	Total (Lines 30-199)	1,949,096		1,949,096	33,288		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,385	410,754				
31.00	INTENSIVE CARE UNIT	4,631	280,963				
41.00	SUBPROVIDER - IRF	1,243	76,308				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	13,259	768,025				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	831,798	102,432,743	0.008120	9,901,512	80,400	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194,824	3,395,721	0.057373	68,845	3,950	52.00
53.00	05300	ANESTHESIOLOGY	29,560	6,376,663	0.004636	818,909	3,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	281,428	20,123,332	0.013985	2,000,765	27,981	54.00
54.01	03440	MAMMOGRAPHY	15,104	3,609,803	0.004184	840	4	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	45,054	13,130,575	0.003431	557,734	1,914	54.02
54.03	03630	ULTRA SOUND	16,555	9,275,101	0.001785	989,496	1,766	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	80,612	24,529,909	0.003286	476,584	1,566	55.00
57.00	05700	CT SCAN	30,343	14,931,660	0.002032	1,660,050	3,373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,893	3,716,066	0.008852	366,700	3,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	150,762	23,484,882	0.006420	2,790,919	17,918	59.00
60.00	06000	LABORATORY	331,668	73,001,117	0.004543	11,782,613	53,528	60.00
65.00	06500	RESPIRATORY THERAPY	125,078	14,789,779	0.008457	6,333,869	53,566	65.00
66.00	06600	PHYSICAL THERAPY	197,583	9,983,214	0.019792	901,458	17,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,850	3,383,576	0.019757	513,523	10,146	67.00
68.00	06800	SPEECH PATHOLOGY	18,732	1,146,408	0.016340	180,048	2,942	68.00
69.00	06900	ELECTROCARDIOLOGY	54,625	1,174,453	0.046511	2,065	96	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,687	5,017,410	0.025050	84,344	2,113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,873	17,954,337	0.002666	3,772,134	10,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	104,645	14,672,470	0.007132	3,425,914	24,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	792,353	123,229,517	0.006430	13,167,159	84,665	73.00
76.00	03190	CHEMOTHERAPY	48,077	9,145,114	0.005257	114,953	604	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	83,427	2,286,013	0.036495	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002	MS CLINIC	22,889	389,153	0.058817	0	0	90.03
91.00	09100	EMERGENCY	440,316	79,299,544	0.005553	6,086,853	33,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	55,792	2,033,057	0.027442	0	0	92.00
200.00		Total (lines 50-199)	4,224,528	582,511,617		65,997,287	439,707	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,378	0.00	7,385	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,274	0.00	4,631	0		31.00
41.00	04100	SUBPROVIDER - IRF	2,645	0.00	1,243	0		41.00
43.00	04300	NURSERY	991	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,288		13,259	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	55,782	0	55,782
54.01	03440	MAMMOGRAPHY	0	0	10,006	0	10,006
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	36,398	0	36,398
54.03	03630	ULTRA SOUND	0	0	25,711	0	25,711
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	67,937	0	67,937
57.00	05700	CT SCAN	0	0	41,391	0	41,391
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	10,301	0	10,301
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	233,741	0	233,741
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	313,154	0	313,154
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	794,421	0	794,421

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	102,432,743	0.000000	0.000000	9,901,512	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,395,721	0.000000	0.000000	68,845	52.00
53.00	05300	ANESTHESIOLOGY	0	6,376,663	0.000000	0.000000	818,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,782	20,123,332	0.002772	0.002772	2,000,765	54.00
54.01	03440	MAMMOGRAPHY	10,006	3,609,803	0.002772	0.002772	840	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	36,398	13,130,575	0.002772	0.002772	557,734	54.02
54.03	03630	ULTRA SOUND	25,711	9,275,101	0.002772	0.002772	989,496	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	67,937	24,529,909	0.002770	0.002770	476,584	55.00
57.00	05700	CT SCAN	41,391	14,931,660	0.002772	0.002772	1,660,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,301	3,716,066	0.002772	0.002772	366,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,484,882	0.000000	0.000000	2,790,919	59.00
60.00	06000	LABORATORY	0	73,001,117	0.000000	0.000000	11,782,613	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,789,779	0.000000	0.000000	6,333,869	65.00
66.00	06600	PHYSICAL THERAPY	0	9,983,214	0.000000	0.000000	901,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,383,576	0.000000	0.000000	513,523	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,146,408	0.000000	0.000000	180,048	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,174,453	0.000000	0.000000	2,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,017,410	0.000000	0.000000	84,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,954,337	0.000000	0.000000	3,772,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,672,470	0.000000	0.000000	3,425,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	233,741	123,229,517	0.001897	0.001897	13,167,159	73.00
76.00	03190	CHEMOTHERAPY	0	9,145,114	0.000000	0.000000	114,953	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	2,286,013	0.000000	0.000000	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0.000000	0.000000	0	90.02
90.03	09002	MS CLINIC	0	389,153	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	313,154	79,299,544	0.003949	0.003949	6,086,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,033,057	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	794,421	582,511,617			65,997,287	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	25,127,787	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,526	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,016,179	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,546	4,001,260	11,091	54.00
54.01	03440 MAMMOGRAPHY	2	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,546	4,504,884	12,488	54.02
54.03	03630 ULTRA SOUND	2,743	1,798,677	4,986	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1,320	10,324,473	28,599	55.00
57.00	05700 CT SCAN	4,602	3,343,647	9,269	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,016	936,700	2,597	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,113,173	0	59.00
60.00	06000 LABORATORY	0	8,309,793	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	699,014	0	65.00
66.00	06600 PHYSICAL THERAPY	0	19,154	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,500	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	202,219	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	438,680	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,611,911	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,886,663	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,249,560	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,978	44,121,734	83,699	73.00
76.00	03190 CHEMOTHERAPY	0	3,918,356	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0	337,696	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0	90.02
90.03	09002 MS CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	24,037	12,853,713	50,759	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,431,415	0	92.00
200.00	Total (lines 50-199)	65,790	136,262,714	203,488	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:46 am
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		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	0.244288	25,127,787	0	0	6,138,417	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.717486	5,526	0	0	3,965	52.00
53.00	05300	ANESTHESIOLOGY	0.215822	2,016,179	0	0	435,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312602	4,001,260	0	0	1,250,802	54.00
54.01	03440	MAMMOGRAPHY	0.177402	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	4,504,884	0	0	510,660	54.02
54.03	03630	ULTRA SOUND	0.076728	1,798,677	0	0	138,009	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138846	10,324,473	0	0	1,433,512	55.00
57.00	05700	CT SCAN	0.064808	3,343,647	0	0	216,695	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.291514	936,700	0	0	273,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129697	5,113,173	0	0	663,163	59.00
60.00	06000	LABORATORY	0.134968	8,309,793	760	0	1,121,556	60.00
65.00	06500	RESPIRATORY THERAPY	0.188316	699,014	0	0	131,636	65.00
66.00	06600	PHYSICAL THERAPY	0.439724	19,154	0	0	8,422	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442346	10,500	0	0	4,645	67.00
68.00	06800	SPEECH PATHOLOGY	0.258891	202,219	0	0	52,353	68.00
69.00	06900	ELECTROCARDIOLOGY	0.293658	438,680	0	0	128,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261397	1,611,911	0	0	421,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	2,886,663	0	0	353,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334099	2,249,560	0	0	751,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282805	44,121,734	0	23,052	12,477,847	73.00
76.00	03190	CHEMOTHERAPY	0.208490	3,918,356	0	0	816,938	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1.018294	337,696	0	0	343,874	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.574008	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.124985	12,853,713	0	0	1,606,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	1,431,415	0	0	781,017	92.00
200.00		Subtotal (see instructions)		136,262,714	760	23,052	30,063,612	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		136,262,714	760	23,052	30,063,612	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:46 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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03440 MAMMOGRAPHY	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03 03630 ULTRA SOUND	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	103	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,519		73.00
76.00 03190 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	103	6,519		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	103	6,519		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 10:46 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	831,798	102,432,743	0.008120	20,425	166	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	194,824	3,395,721	0.057373	0	0	52.00
53.00	05300 ANESTHESIOLOGY	29,560	6,376,663	0.004636	2,302	11	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	281,428	20,123,332	0.013985	36,823	515	54.00
54.01	03440 MAMMOGRAPHY	15,104	3,609,803	0.004184	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	45,054	13,130,575	0.003431	2,272	8	54.02
54.03	03630 ULTRA SOUND	16,555	9,275,101	0.001785	10,371	19	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	80,612	24,529,909	0.003286	0	0	55.00
57.00	05700 CT SCAN	30,343	14,931,660	0.002032	12,750	26	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	32,893	3,716,066	0.008852	5,700	50	58.00
59.00	05900 CARDIAC CATHETERIZATION	150,762	23,484,882	0.006420	11,635	75	59.00
60.00	06000 LABORATORY	331,668	73,001,117	0.004543	307,373	1,396	60.00
65.00	06500 RESPIRATORY THERAPY	125,078	14,789,779	0.008457	179,984	1,522	65.00
66.00	06600 PHYSICAL THERAPY	197,583	9,983,214	0.019792	530,688	10,503	66.00
67.00	06700 OCCUPATIONAL THERAPY	66,850	3,383,576	0.019757	568,100	11,224	67.00
68.00	06800 SPEECH PATHOLOGY	18,732	1,146,408	0.016340	125,251	2,047	68.00
69.00	06900 ELECTROCARDIOLOGY	54,625	1,174,453	0.046511	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	125,687	5,017,410	0.025050	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,873	17,954,337	0.002666	64,122	171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	104,645	14,672,470	0.007132	443	3	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	792,353	123,229,517	0.006430	453,095	2,913	73.00
76.00	03190 CHEMOTHERAPY	48,077	9,145,114	0.005257	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	83,427	2,286,013	0.036495	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002 MS CLINIC	22,889	389,153	0.058817	0	0	90.03
91.00	09100 EMERGENCY	440,316	79,299,544	0.005553	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,033,057	0.000000	0	0	92.00
200.00	Total (lines 50-199)	4,168,736	582,511,617		2,331,334	30,649	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	55,782	0	54.00
54.01	03440	MAMMOGRAPHY	0	0	10,006	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	36,398	0	54.02
54.03	03630	ULTRA SOUND	0	0	25,711	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	67,937	0	55.00
57.00	05700	CT SCAN	0	0	41,391	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	10,301	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	233,741	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	313,154	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	794,421	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am
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Cost Center Description		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	102,432,743	0.000000	0.000000	20,425	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,395,721	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,376,663	0.000000	0.000000	2,302	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	55,782	20,123,332	0.002772	0.002772	36,823	54.00
54.01	03440 MAMMOGRAPHY	10,006	3,609,803	0.002772	0.002772	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	36,398	13,130,575	0.002772	0.002772	2,272	54.02
54.03	03630 ULTRA SOUND	25,711	9,275,101	0.002772	0.002772	10,371	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	67,937	24,529,909	0.002770	0.002770	0	55.00
57.00	05700 CT SCAN	41,391	14,931,660	0.002772	0.002772	12,750	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	10,301	3,716,066	0.002772	0.002772	5,700	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,484,882	0.000000	0.000000	11,635	59.00
60.00	06000 LABORATORY	0	73,001,117	0.000000	0.000000	307,373	60.00
65.00	06500 RESPIRATORY THERAPY	0	14,789,779	0.000000	0.000000	179,984	65.00
66.00	06600 PHYSICAL THERAPY	0	9,983,214	0.000000	0.000000	530,688	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,383,576	0.000000	0.000000	568,100	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,146,408	0.000000	0.000000	125,251	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,174,453	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,017,410	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,954,337	0.000000	0.000000	64,122	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,672,470	0.000000	0.000000	443	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	233,741	123,229,517	0.001897	0.001897	453,095	73.00
76.00	03190 CHEMOTHERAPY	0	9,145,114	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0	2,286,013	0.000000	0.000000	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0.000000	0.000000	0	90.02
90.03	09002 MS CLINIC	0	389,153	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	313,154	79,299,544	0.003949	0.003949	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,033,057	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	794,421	582,511,617			2,331,334	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:46 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102	0	0	54.00
54.01	03440 MAMMOGRAPHY	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	6	0	0	54.02
54.03	03630 ULTRA SOUND	29	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	35	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	16	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	860	0	0	73.00
76.00	03190 CHEMOTHERAPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0	90.02
90.03	09002 MS CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,048	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:46 am
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		Title XIX		Hospital		Cost	
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	0.244288	0	14,679,360	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.717486	0	402,708	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.215822	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312602	0	3,930,449	0	0	54.00
54.01	03440 MAMMOGRAPHY	0.177402	0	292,175	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	0	1,482,073	0	0	54.02
54.03	03630 ULTRA SOUND	0.076728	0	2,041,934	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138846	0	2,373,239	0	0	55.00
57.00	05700 CT SCAN	0.064808	0	2,800,727	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.291514	0	468,608	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129697	0	2,447,139	0	0	59.00
60.00	06000 LABORATORY	0.134968	0	11,127,736	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.188316	0	358,212	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.439724	0	1,268,295	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.442346	0	434,773	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.258891	0	146,806	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.293658	0	41,069	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261397	0	836,511	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	0	1,497,850	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334099	0	1,463,498	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.282805	0	11,256,500	0	0	73.00
76.00	03190 CHEMOTHERAPY	0.208490	0	1,298,428	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	1.018294	0	795,594	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002 MS CLINIC	0.574008	0	19,589	0	0	90.03
91.00	09100 EMERGENCY	0.124985	0	26,172,593	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	0	99,170	0	0	92.00
200.00	Subtotal (see instructions)		0	87,735,036	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	87,735,036	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:46 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	3,585,991	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	288,937	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,228,666	0		54.00
54.01 03440 MAMMOGRAPHY	51,832	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	168,003	0		54.02
54.03 03630 ULTRA SOUND	156,674	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	329,515	0		55.00
57.00 05700 CT SCAN	181,510	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	136,606	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	317,387	0		59.00
60.00 06000 LABORATORY	1,501,888	0		60.00
65.00 06500 RESPIRATORY THERAPY	67,457	0		65.00
66.00 06600 PHYSICAL THERAPY	557,700	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	192,320	0		67.00
68.00 06800 SPEECH PATHOLOGY	38,007	0		68.00
69.00 06900 ELECTROCARDIOLOGY	12,060	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	218,661	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	183,497	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	488,953	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,183,394	0		73.00
76.00 03190 CHEMOTHERAPY	270,709	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	810,149	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	11,244	0		90.03
91.00 09100 EMERGENCY	3,271,182	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	54,110	0		92.00
200.00 Subtotal (see instructions)	17,306,452	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 +/- Line 201)	17,306,452	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:46 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)		23,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,378	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,375	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,385	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)		25,855,427	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)		25,855,427	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)		25,855,427	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,105.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,167,588	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)		8,167,588	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:46 am	
Cost Center Description			Title XVIII	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,867,042	6,274	1,572.69	4,631	7,283,127
44.00	CORONARY CARE UNIT					43.00
45.00	BURN INTENSIVE CARE UNIT					44.00
46.00	SURGICAL INTENSIVE CARE UNIT					45.00
47.00	OTHER SPECIAL CARE (SPECIFY)					46.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				13,662,189	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				29,112,904	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)				691,717	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				505,497	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,197,214	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				27,915,690	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				1,003	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,105.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,109,288	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:46 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	1,300,393	25,855,427	0.050295	1,109,288	55,792	90.00
91.00	Nursing School cost	0	25,855,427	0.000000	1,109,288	0	91.00
92.00	Allied health cost	0	25,855,427	0.000000	1,109,288	0	92.00
93.00	All other Medical Education	0	25,855,427	0.000000	1,109,288	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:46 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)		2,645	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,645	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,645	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,243	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)		2,809,332	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)		2,809,332	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)		2,809,332	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,062.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,320,228	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)		1,320,228	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Component CCN: 15-T088				Date/Time Prepared: 11/29/2017 10:46 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
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)				750,687		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,070,915		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)				76,308		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				31,697		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				108,005		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				1,962,910		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: 15-0088 Component CCN: 15-T088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:46 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	162,367	2,809,332	0.057796	0	0	90.00
91.00	Nursing School cost	0	2,809,332	0.000000	0	0	91.00
92.00	Allied health cost	0	2,809,332	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,809,332	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:46 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		9,763,986	30.00
31.00	03100	INTENSIVE CARE UNIT		10,901,482	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.246190	9,901,512	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.717486	68,845	52.00
53.00	05300	ANESTHESIOLOGY	0.215822	818,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312602	2,000,765	54.00
54.01	03440	MAMMOGRAPHY	0.177402	840	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	557,734	54.02
54.03	03630	ULTRA SOUND	0.076728	989,496	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138846	476,584	55.00
57.00	05700	CT SCAN	0.064808	1,660,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.291514	366,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129697	2,790,919	59.00
60.00	06000	LABORATORY	0.134968	11,782,613	60.00
65.00	06500	RESPIRATORY THERAPY	0.188316	6,333,869	65.00
66.00	06600	PHYSICAL THERAPY	0.439724	901,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442346	513,523	67.00
68.00	06800	SPEECH PATHOLOGY	0.258891	180,048	68.00
69.00	06900	ELECTROCARDIOLOGY	0.293658	2,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261397	84,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	3,772,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334099	3,425,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282805	13,167,159	73.00
76.00	03190	CHEMOTHERAPY	0.208490	114,953	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1.018294	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	90.02
90.03	09002	MS CLINIC	0.574008	0	90.03
91.00	09100	EMERGENCY	0.124985	6,086,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		65,997,287	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)		65,997,287	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:46 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
41.00	04100 SUBPROVIDER - IRF		1,593,542	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.246190	20,425	5,028 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.717486	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.215822	2,302	497 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312602	36,823	11,511 54.00
54.01	03440 MAMMOGRAPHY	0.177402	0	0 54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	2,272	258 54.02
54.03	03630 ULTRA SOUND	0.076728	10,371	796 54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138846	0	0 55.00
57.00	05700 CT SCAN	0.064808	12,750	826 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.291514	5,700	1,662 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129697	11,635	1,509 59.00
60.00	06000 LABORATORY	0.134968	307,373	41,486 60.00
65.00	06500 RESPIRATORY THERAPY	0.188316	179,984	33,894 65.00
66.00	06600 PHYSICAL THERAPY	0.439724	530,688	233,356 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.442346	568,100	251,297 67.00
68.00	06800 SPEECH PATHOLOGY	0.258891	125,251	32,426 68.00
69.00	06900 ELECTROCARDIOLOGY	0.293658	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261397	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	64,122	7,855 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334099	443	148 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.282805	453,095	128,138 73.00
76.00	03190 CHEMOTHERAPY	0.208490	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	1.018294	0	0 90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0 90.02
90.03	09002 MS CLINIC	0.574008	0	0 90.03
91.00	09100 EMERGENCY	0.124985	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,331,334	750,687 200.00
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)		2,331,334	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:46 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		13,212,956	30.00
31.00	03100	INTENSIVE CARE UNIT		3,043,459	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		1,000,181	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244288	3,673,095	897,293 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.717486	2,073,910	1,488,001 52.00
53.00	05300	ANESTHESIOLOGY	0.215822	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312602	987,430	308,673 54.00
54.01	03440	MAMMOGRAPHY	0.177402	0	0 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	175,669	19,913 54.02
54.03	03630	ULTRA SOUND	0.076728	295,319	22,659 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138846	163,677	22,726 55.00
57.00	05700	CT SCAN	0.064808	588,288	38,126 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.291514	146,137	42,601 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129697	833,011	108,039 59.00
60.00	06000	LABORATORY	0.134968	5,842,254	788,517 60.00
65.00	06500	RESPIRATORY THERAPY	0.188316	2,228,514	419,665 65.00
66.00	06600	PHYSICAL THERAPY	0.439724	140,059	61,587 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.442346	168,265	74,431 67.00
68.00	06800	SPEECH PATHOLOGY	0.258891	56,817	14,709 68.00
69.00	06900	ELECTROCARDIOLOGY	0.293658	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.261397	187,485	49,008 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	982,646	120,381 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334099	960,110	320,772 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.282805	6,045,342	1,709,653 73.00
76.00	03190	CHEMOTHERAPY	0.208490	29,855	6,224 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1.018294	0	0 90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0 90.02
90.03	09002	MS CLINIC	0.574008	0	0 90.03
91.00	09100	EMERGENCY	0.124985	3,727,057	465,826 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		29,304,940	6,978,804 200.00
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)		29,304,940	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:46 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		615,723		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.244288	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.717486	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.215822	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312602	7,298	2,281	54.00
54.01	03440 MAMMOGRAPHY	0.177402	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113357	0	0	54.02
54.03	03630 ULTRA SOUND	0.076728	4,957	380	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138846	0	0	55.00
57.00	05700 CT SCAN	0.064808	4,280	277	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.291514	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.129697	4,618	599	59.00
60.00	06000 LABORATORY	0.134968	74,508	10,056	60.00
65.00	06500 RESPIRATORY THERAPY	0.188316	44,801	8,437	65.00
66.00	06600 PHYSICAL THERAPY	0.439724	251,078	110,405	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.442346	83,935	37,128	67.00
68.00	06800 SPEECH PATHOLOGY	0.258891	28,342	7,337	68.00
69.00	06900 ELECTROCARDIOLOGY	0.293658	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.261397	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122507	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334099	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.282805	133,417	37,731	73.00
76.00	03190 CHEMOTHERAPY	0.208490	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	1.018294	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002 MS CLINIC	0.574008	0	0	90.03
91.00	09100 EMERGENCY	0.124985	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.545626	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		637,234	214,631	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)		637,234		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:46 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)		4,534,384	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,455,356	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,518,734	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		114.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 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 section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.56	31.00
32.00	Sum of lines 30 and 31		34.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.02	33.00
34.00	Disproportionate share adjustment (see instructions)		810,438	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:46 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)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000199669	0.000194704	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,279,109	1,163,839	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	321,525	870,488	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,192,013		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
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	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	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)	21,510,925		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)		21,510,925	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,609,361	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		47,618	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		65,790	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,233,694	59.00
60.00	Primary payer payments		3,712	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,229,982	61.00
62.00	Deductibles billed to program beneficiaries		2,043,776	62.00
63.00	Coinurance billed to program beneficiaries		119,819	63.00
64.00	Allowable bad debts (see instructions)		148,797	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		96,718	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		48,526	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,163,105	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 DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-8,591	70.93
70.94	HRR adjustment amount (see instructions)		-466,255	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:46 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,688,259		71.00
71.01	Sequestration adjustment (see instructions)		413,765		71.01
72.00	Interim payments		19,834,767		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, 72, and 73)		439,727		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		650,899		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2017 10:46 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,534,384	0	4,534,384		4,534,384	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,455,356	0		13,455,356	13,455,356	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,518,734	0	270,778	1,247,956	1,518,734	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1802	0.1802	0.1802	0.1802		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	810,438	0	204,274	606,164	810,438	11.00
11.01	Uncompensated care payments	36.00	1,192,013	0	321,525	870,488	1,192,013	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,510,925	0	5,330,961	16,179,964	21,510,925	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,510,925	0	5,330,961	16,179,964	21,510,925	15.00
16.00	Payment for inpatient program capital	50.00	1,609,361	0	398,960	1,210,401	1,609,361	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2017 10:46 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	5,729,921	17,390,365	23,120,286	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,453,354	0	363,667	1,089,687	1,453,354	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,476	0	8,636	40,840	49,476	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0733	0.0733	0.0733	0.0733		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	106,531	0	26,657	79,874	106,531	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,609,361	0	398,960	1,210,401	1,609,361	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2017 10:46 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,534,384	4,534,384		4,534,384	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,455,356		13,455,356	13,455,356	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,518,734	270,778	1,247,956	1,518,734	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1802	0.1802	0.1802		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	810,438	204,274	606,164	810,438	11.00
11.01	Uncompensated care payments	36.00	1,192,013	321,525	870,488	1,192,013	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,510,925	5,330,961	16,179,964	21,510,925	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,510,925	5,330,961	16,179,964	21,510,925	15.00
16.00	Payment for inpatient program capital	50.00	1,609,361	398,960	1,210,401	1,609,361	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,729,921	17,390,365	23,120,286	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2017 10:46 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,453,354	363,667	1,089,687	1,453,354	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,476	8,636	40,840	49,476	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0733	0.0733	0.0733		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	106,531	26,657	79,874	106,531	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,609,361	398,960	1,210,401	1,609,361	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-8,591	2,906	-11,497	-8,591	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-466,255	-105,652	-360,603	-466,255	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 10:46 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,622	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,860,124	2.00
3.00	PPS payments		26,117,741	3.00
4.00	Outlier payment (see instructions)		64,711	4.00
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 line 3 plus line 4 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		203,488	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,622	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,812	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)		23,812	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)		23,812	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,190	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 (line 11 minus line 20) (for CAH see instructions)		6,622	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, 8 and 9)		26,385,940	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,174,654	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)		21,217,908	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		21,217,908	30.00
31.00	Primary payer payments		5,615	31.00
32.00	Subtotal (line 30 minus line 31)		21,212,293	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)		519,582	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		337,728	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		328,288	36.00
37.00	Subtotal (see instructions)		21,550,021	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		1,500	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,550,019	40.00
40.01	Sequestration adjustment (see instructions)		431,000	40.01
41.00	Interim payments		21,186,593	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-67,574	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: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2017 10:46 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		19,834,767		21,160,093	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	01/06/2017	26,500	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		26,500	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)		19,834,767		21,186,593	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		439,727		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		67,574	6.02
7.00	Total Medicare program liability (see instructions)		20,274,494		21,119,019	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: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 10:46 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		1,810,834		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		1,810,834		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		24,310		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,835,144		0
			0	Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/29/2017 10:46 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		5,627	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		12,016	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,968	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,649	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		644,154,595	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		22,583,990	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/29/2017 10:46 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,765,550 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0278 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			99,224 3.00
4.00	Outlier Payments			40,017 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.246575 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)			1,904,791 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)			1,904,791 17.00
18.00	Primary payer payments			7,175 18.00
19.00	Subtotal (line 17 less line 18).			1,897,616 19.00
20.00	Deductibles			7,756 20.00
21.00	Subtotal (line 19 minus line 20)			1,889,860 21.00
22.00	Coinsurance			18,312 22.00
23.00	Subtotal (line 21 minus line 22)			1,871,548 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)			1,871,548 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)			1,048 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	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,872,596 32.00
32.01	Sequestration adjustment (see instructions)			37,452 32.01
33.00	Interim payments			1,810,834 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, 33, and 34)			24,310 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			15,537 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			40,017 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

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

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet G

Date/Time Prepared:
11/29/2017 10:46 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	28,576	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	70,068,056	0	0	0	4.00
5.00	Other receivable	71,580	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,117,213	0	0	0	6.00
7.00	Inventory	4,025,948	0	0	0	7.00
8.00	Prepaid expenses	347,481	0	0	0	8.00
9.00	Other current assets	3,604,128	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)	35,028,556	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,539,559	0	0	0	13.00
14.00	Accumulated depreciation	-1,425,667	0	0	0	14.00
15.00	Buildings	99,611,320	0	0	0	15.00
16.00	Accumulated depreciation	-62,572,007	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	50,527,382	0	0	0	23.00
24.00	Accumulated depreciation	-40,846,966	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	52,126,223	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,735,903	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,735,903	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	88,890,682	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,813,671	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,405,084	0	0	0	38.00
39.00	Payroll taxes payable	406,304	0	0	0	39.00
40.00	Notes and loans payable (short term)	197,152	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	27,520,776	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	44,342,987	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	14,623,629	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	2,188,529	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,812,158	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	61,155,145	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	27,735,537				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)	27,735,537	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	88,890,682	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-1

Date/Time Prepared:
11/29/2017 10:46 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		109,266,203		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,124,667			2.00
3.00	Total (sum of line 1 and line 2)		133,390,870		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		133,390,870		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	MISCELLANEOUS	105,655,333		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)		105,655,333		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		27,735,537		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	MISCELLANEOUS		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: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2017 10:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,140,504		40,140,504	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,405,982		3,405,982	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,546,486		43,546,486	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,510,508		16,510,508	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,510,508		16,510,508	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,056,994		60,056,994	17.00
18.00	Ancillary services	152,671,597		152,671,597	18.00
19.00	Outpatient services	0	430,926,002	430,926,002	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	27,286,837	27,286,837	27.00
27.01	DME/HOME HEALTH	0	9,709,666	9,709,666	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	212,728,591	467,922,505	680,651,096	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		199,165,596		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)		199,165,596		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-3

Date/Time Prepared:
11/29/2017 10:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	680,651,096	1.00
2.00	Less contractual allowances and discounts on patients' accounts	459,894,365	2.00
3.00	Net patient revenues (line 1 minus line 2)	220,756,731	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	199,165,596	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,591,135	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,871	7.00
8.00	Revenues from telephone and other miscellaneous communication services	10,085	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	718,823	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	9,230	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	43,987	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	567,875	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICE REVENUE	135	24.00
24.01	SHARED SERVICE REVENUE	287,562	24.01
24.02	DME	203,932	24.02
24.03	GRANTS REVENUE	415,063	24.03
24.04	OTHER MISCELLANEOUS REVENUE	290,803	24.04
24.05	CHILD CARE REVENUE	142	24.05
24.06	STATE PROGRAM REVENUE	38,250	24.06
24.07	CONTRACT SERVICE REVENUE	55,851	24.07
24.08	LAUNDRY REVENUE	335	24.08
24.09	RESEARCH REVENUE	19,858	24.09
24.10	ASSETS RELEASED FROM RESTRICTED FUND	204,749	24.10
24.11	GAIN ON DISPOSAL OF ASSET	1,000	24.11
25.00	Total other income (sum of lines 6-24)	2,878,551	25.00
26.00	Total (line 5 plus line 25)	24,469,686	26.00
27.00	EHR	86,360	27.00
27.01	RESTRUCTURING EXPENSE	53,611	27.01
27.02	FUND RAISING ACTIVITIES	204,983	27.02
27.03	OTHER EXPENSES	65	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	345,019	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,124,667	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/29/2017 10:46 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,453,354	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,476	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)		79.40	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.35	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.56	8.00
9.00	Sum of lines 7 and 8		34.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.33	10.00
11.00	Disproportionate share adjustment (see instructions)		106,531	11.00
12.00	Total prospective capital payments (see instructions)		1,609,361	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