

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: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/19/2018 10:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/19/2018	Time: 10:15 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-277,815	139,159	0	0	1.00
2.00 Subprovider - IPF	0	53,752	5		0	2.00
3.00 Subprovider - IRF	0	85,719	4		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-138,344	139,168	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/19/2018 10:13 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2650 RIDGE AVENUE		PO Box:		Zip Code: 60201		County: COOK					
2.00 City: EVANSTON		State: IL									
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF		PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00	
5.00 Subprovider - IRF		REHABILITATION UNIT	14T010	16974	5	10/01/1983	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		TRANSITIONAL CARE CENTER	145855	16974		11/27/1995	N	P	N	9.00	
10.00 Hospital-Based NF										10.00	
11.00 Hospital-Based OLTC										11.00	
12.00 Hospital-Based HHA		HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00	
13.00 Separately Certified ASC										13.00	
14.00 Hospital-Based Hospice		HOSPICE	141522	16974		07/01/1979				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	
18.01										18.01	
18.02										18.02	
19.00 Other										19.00	
						From:		To:			
						1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)						10/01/2016		09/30/2017		20.00	
21.00 Type of Control (see instructions)						2				21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (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.								1		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		5,960	7,258	0	0	8,292	0				

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	178	67	0	0	168			25.00		
						Urban/Rural	S		Date of Geogr		
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	
						Beginning:	Ending:				
						1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00	
						Y/N	Y/N				
						1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)							N	N	40.00	
						V	XVII	XIX			
						1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)							N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N	48.00
Teaching Hospitals											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.							Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code					
				1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)							Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)								23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)								23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)								23.02	1	60.03

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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
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		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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

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

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital 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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/19/2018 10:13 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,235,500		20,529,790		6,530,000		118.01
				1.00		2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
DO NOT USE THIS LINE								
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		119.00 120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/19/2018 10:13 pm	
		1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			Y		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	EVANSTON HOSPITAL		COOK		IL 60201 16974	
166.01		GLENBROOK HOSPITAL		COOK		IL 60026 16974	
166.02		HIGHLAND PARK HOSPITAL		LAKE		IL 60035 29404	
166.03		SKOKIE HOSPITAL		COOK		IL 60076 16974	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/19/2018 10:13 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2016	12/29/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/19/2018 10:13 pm	
		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)	N					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.	Y					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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y					11.00
		Y/N	1.00				
		1.00	2.00				
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.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/08/2018	Y	01/08/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/19/2018 10:13 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128		MABERIN@NORTHSHORE.ORG	43.00

		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.	SR. REIMBURSEMENT ANALYST	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: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	618	214,229	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)		618	214,229	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	25,915	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		733	256,204	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,045		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	6,935		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		789				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		7	2,555			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	64,399	10,030	125,185			1.00
2.00 HMO and other (see instructions)	12,776	8,292				2.00
3.00 HMO IPF Subprovider	337	456				3.00
4.00 HMO IRF Subprovider	249	168				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)	64,399	10,030	125,185			7.00
8.00 INTENSIVE CARE UNIT	8,038	1,372	17,120			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	803	10,023			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		832	10,387			13.00
14.00 Total (see instructions)	72,437	13,037	162,715	202.34	6,071.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,280	185	9,899	4.35	63.00	16.00
17.00 SUBPROVIDER - IRF	2,338	245	4,555	1.00	24.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	41,684	1,829	69,019	0.00	103.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	43.00	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)				207.69	6,304.00	27.00
28.00 Observation Bed Days		3,536	29,477			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	181	2,255			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	16,551	2,846	37,259	1.00
2.00	HMO and other (see instructions)			2,848	2,048		2.00
3.00	HMO IPF Subprovider				91		3.00
4.00	HMO IRF Subprovider				13		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	16,551	2,846	37,259	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	242	30	1,686	16.00
17.00	SUBPROVIDER - IRF	0.00	0	180	15	352	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet S-3 Part II Date/Time Prepared: 2/19/2018 10:13 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	546,440,982	0	546,440,982	13,114,574.00	41.67	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		15,969,743	0	15,969,743	74,818.00	213.45	4.00
4.01	Physicians - Part A - Teaching		7,382,188	0	7,382,188	40,010.00	184.51	4.01
5.00	Physician and Non-Physician-Part B		38,277,124	0	38,277,124	414,578.00	92.33	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)		17,388,304	0	17,388,304	435,843.00	39.90	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		29,653,782	1,018,855	30,672,637	840,913.00	36.48	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		24,186,388	0	24,186,388	686,125.00	35.25	11.00
12.00	Contract Labor: Top level management and other management and administrative services		4,768,270	0	4,768,270	103,067.00	46.26	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	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		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		5,815,376	0	5,815,376	39,026.00	149.01	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)		126,810,403	0	126,810,403			17.00
18.00	Wage-related costs (other) (see instructions)		1,274,899	0	1,274,899			18.00
19.00	Excluded areas		8,816,540	0	8,816,540			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		2,674,672	0	2,674,672			22.00
22.01	Physician Part A - Teaching		1,265,023	0	1,265,023			22.01
23.00	Physician Part B		7,652,274	0	7,652,274			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 (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2018 10:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	10,807,187	12,500	10,819,687	215,747.00	50.15	26.00
27.00	Administrative & General	5.00	131,986,737	-27,848,280	104,138,457	1,717,077.00	60.65	27.00
28.00	Administrative & General under contract (see inst.)		22,847,849	0	22,847,849	214,680.00	106.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	495,837	0	495,837	8,327.00	59.55	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)		11,240,055	0	11,240,055	575,997.00	19.51	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		8,895,890	0	8,895,890	403,964.00	22.02	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	6,576,797	0	6,576,797	149,963.00	43.86	38.00
39.00	Central Services and Supply	14.00	4,276,234	0	4,276,234	215,609.00	19.83	39.00
40.00	Pharmacy	15.00	14,926,925	294,531	15,221,456	350,557.00	43.42	40.00
41.00	Medical Records & Medical Records Library	16.00	4,442,152	0	4,442,152	154,331.00	28.78	41.00
42.00	Social Service	17.00	5,562,540	0	5,562,540	136,572.00	40.73	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
2/19/2018 10:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Pai d Hours Related to Sal aries 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)	526,377,160	0	526,377,160	13,418,784.00	39.23	1.00
2.00	Excluded area salaries (see instructions)	29,653,782	1,018,855	30,672,637	840,913.00	36.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	496,723,378	-1,018,855	495,704,523	12,577,871.00	39.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,770,034	0	34,770,034	828,218.00	41.98	4.00
5.00	Subtotal wage-related costs (see inst.)	130,759,974	0	130,759,974	0.00	26.38	5.00
6.00	Total (sum of lines 3 thru 5)	662,253,386	-1,018,855	661,234,531	13,406,089.00	49.32	6.00
7.00	Total overhead cost (see instructions)	222,058,203	-27,541,249	194,516,954	4,142,824.00	46.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/19/2018 10:13 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		47,532,609	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		32,147,895	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		1,890,939	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		62,780,127	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		72,282	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,074,129	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,631,950	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,929,463	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		34,072,896	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		399,144	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-41,340,605	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		4,028,081	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		147,218,910	24.00
Part B - Other than Core Related Cost				
25.00	MALPRACTICE		1,274,899	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part V
Date/Time Prepared:
2/19/2018 10:13 pm

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	24,186,388	147,218,911	1.00
2.00	Hospital	24,186,388	126,810,403	2.00
3.00	Subprovider - IPF	0	1,369,727	3.00
4.00	Subprovider - IRF	0	527,758	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	2,256,758	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	944,287	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	15,309,978	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0010 Component CCN: 14-7001		Period: From 10/01/2016 To 09/30/2017		Worksheet S-4 Date/Time Prepared: 2/19/2018 10:13 pm PPS	
				Home Health Agency I			
				1.00			
0.00	County			COOK AND LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,787	0	1,643	4,430	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,458.00	137.00	2,282.00	4,877.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.68	0.00	0.68	3.00
4.00	Director(s) and Assistant Director(s)			1.02	0.00	1.02	4.00
5.00	Other Administrative Personnel			38.71	0.00	38.71	5.00
6.00	Direct Nursing Service			37.17	0.00	37.17	6.00
7.00	Nursing Supervisor			3.00	0.00	3.00	7.00
8.00	Physical Therapy Service			24.43	0.00	24.43	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.95	0.00	2.95	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.57	0.00	0.57	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.13	0.00	2.13	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TEACHS: CLINICAL PRACT			1.81	0.00	1.81	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	17,636	765	521	413	19,335	21.00
22.00	Skilled Nursing Visit Charges	3,706,500	162,330	109,410	86,730	4,064,970	22.00
23.00	Physical Therapy Visits	16,626	393	183	412	17,614	23.00
24.00	Physical Therapy Visit Charges	3,489,780	82,530	38,430	86,520	3,697,260	24.00
25.00	Occupational Therapy Visits	2,247	129	5	51	2,432	25.00
26.00	Occupational Therapy Visit Charges	471,870	27,090	1,050	10,710	510,720	26.00
27.00	Speech Pathology Visits	509	29	0	14	552	27.00
28.00	Speech Pathology Visit Charges	112,489	6,409	0	3,094	121,992	28.00
29.00	Medical Social Service Visits	330	15	6	11	362	29.00
30.00	Medical Social Service Visit Charges	82,404	3,780	1,512	2,772	90,468	30.00
31.00	Home Health Aide Visits	1,197	164	1	27	1,389	31.00
32.00	Home Health Aide Visit Charges	158,004	21,648	132	3,564	183,348	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	38,545	1,495	716	928	41,684	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8,021,047	303,787	150,534	193,390	8,668,758	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,625		283	71	2,979	36.00
37.00	Total Number of Outlier Episodes		41		6	47	37.00
38.00	Total Non-Routine Medical Supply Charges	91,214	11,779	6,530	2,346	111,869	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-7

Date/Time Prepared:
2/19/2018 10:13 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-7

Date/Time Prepared:
2/19/2018 10:13 pm

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

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

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

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

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

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2016 To 09/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 2/19/2018 10:13 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	39,849	2,088	2,737	44,674
12.00	Hospice Inpatient Respite Care	70	4	27	101
13.00	Hospice General Inpatient Care	1,215	167	149	1,531
14.00	Total Hospice Days	41,134	2,259	2,913	46,306
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/19/2018 10:13 pm
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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)		0.254347		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		58,525,089		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		377,203,832		6.00	
7.00	Medicaid cost (line 1 times line 6)		95,940,663		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)		37,415,574		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)		37,415,574		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)	46,572,154	14,858,467	61,430,621	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,845,488	14,858,467	26,703,955	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	281,465	825,553	1,107,018	22.00	
23.00	Cost of charity care (line 21 minus line 22)	11,564,023	14,032,914	25,596,937	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			26,896,604	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,406,551	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,702,386	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			23,194,218	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,195,215	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			32,792,152	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			70,207,726	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet A	
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	CAP REL COSTS-BLDG & FIXT		71,322,015	71,322,015	7,452,291	78,774,306	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		33,633,781	33,633,781	0	33,633,781	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,807,187	3,975,194	14,782,381	12,500	14,794,881	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	131,986,737	176,460,819	308,447,556	-49,072,950	259,374,606	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	495,837	49,295,678	49,791,515	-240	49,791,275	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,300,416	3,300,416	0	3,300,416	8.00
9.00	00900	HOUSEKEEPING	0	13,745,839	13,745,839	-3,222	13,742,617	9.00
10.00	01000	DIETARY	0	13,767,714	13,767,714	0	13,767,714	10.00
11.00	01100	CAFETERIA	0	4,347,192	4,347,192	0	4,347,192	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,576,797	2,314,979	8,891,776	-49	8,891,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,276,234	9,234,861	13,511,095	-4,958,146	8,552,949	14.00
15.00	01500	PHARMACY	14,926,925	108,088,858	123,015,783	-103,723,826	19,291,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,442,152	2,130,244	6,572,396	0	6,572,396	16.00
17.00	01700	SOCIAL SERVICE	5,562,540	2,266,172	7,828,712	0	7,828,712	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34,451,217	24,907,950	59,359,167	-8,275,152	51,084,015	22.00
23.00	02300	PARAMED PRGM- PHARMACY	1,350,473	389,580	1,740,053	-366,987	1,373,066	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	47,758	35,330	83,088	216,796	299,884	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	661,525	270,730	932,255	0	932,255	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,668,275	25,095,146	108,763,421	2,441,951	111,205,372	30.00
31.00	03100	INTENSIVE CARE UNIT	16,507,400	5,775,786	22,283,186	-386,939	21,896,247	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,167,401	2,202,172	9,369,573	-16,874	9,352,699	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - I/PF	4,512,307	1,222,965	5,735,272	-39,641	5,695,631	40.00
41.00	04100	SUBPROVIDER - I/RF	1,596,024	498,826	2,094,850	-8,851	2,085,999	41.00
43.00	04300	NURSERY	0	0	0	2,555,145	2,555,145	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,731,396	83,248,811	103,980,207	-69,534,224	34,445,983	50.00
51.00	05100	RECOVERY ROOM	4,317,903	1,555,162	5,873,065	-157,059	5,716,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,657,038	3,390,750	11,047,788	-1,954,711	9,093,077	52.00
53.00	05300	ANESTHESIOLOGY	1,357,138	5,187,076	6,544,214	-203,427	6,340,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,123,454	17,150,842	44,274,296	-6,533,827	37,740,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,109,205	2,703,385	6,812,590	-1,761	6,810,829	55.00
56.00	05600	RADIOISOTOPE	3,192,874	3,265,923	6,458,797	-7,320	6,451,477	56.00
57.00	05700	CT SCAN	3,620,217	2,350,151	5,970,368	-181,252	5,789,116	57.00
58.00	05800	MRI	4,472,373	2,726,307	7,198,680	-548,185	6,650,495	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,096,448	16,607,107	19,703,555	-15,151,672	4,551,883	59.00
60.00	06000	LABORATORY	23,387,888	31,252,058	54,639,946	-5,721,171	48,918,775	60.00
60.01	06001	VASCULAR LAB	1,597,440	607,389	2,204,829	-15,992	2,188,837	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,266,750	1,866,548	3,133,298	-977,263	2,156,035	63.00
64.00	06400	INTRAVENOUS THERAPY	2,051,249	1,390,466	3,441,715	-530,292	2,911,423	64.00
65.00	06500	RESPIRATORY THERAPY	5,509,419	3,328,209	8,837,628	-26,300	8,811,328	65.00
66.00	06600	PHYSICAL THERAPY	20,523,790	7,150,732	27,674,522	-284,814	27,389,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,531,599	653,606	3,185,205	-13,576	3,171,629	67.00
68.00	06800	SPEECH PATHOLOGY	1,002,752	267,249	1,270,001	-3,078	1,266,923	68.00
69.00	06900	ELECTROCARDIOLOGY	4,724,154	8,974,118	13,698,272	-7,342,838	6,355,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,591,283	722,388	2,313,671	-15,125	2,298,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,724,030	47,724,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,416,880	62,416,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	104,077,645	104,077,645	73.00
74.00	07400	RENAL DIALYSIS	0	2,460,946	2,460,946	-4,924	2,456,022	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,615,909	2,720,134	9,336,043	-19,579	9,316,464	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	599,394	183,002	782,396	-623	781,773	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,568,847	38,613,944	65,182,791	54,828,624	120,011,415	90.00
91.00	09100	EMERGENCY	18,269,978	7,146,902	25,416,880	-356,432	25,060,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,610,737	5,783,549	14,394,286	0	14,394,286	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A

Date/Time Prepared:
2/19/2018 10:13 pm

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	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,452,291	7,452,291	-7,452,291	0	113.00
116.00	11600	HOSPICE	3,853,989	3,277,939	7,131,928	0	7,131,928	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	537,420,013	816,319,231	1,353,739,244	-2,164,751	1,351,574,493	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	9,020,969	89,677,048	98,698,017	2,164,751	100,862,768	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	546,440,982	905,996,279	1,452,437,261	0	1,452,437,261	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
2/19/2018 10:13 pm

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	0	78,774,306	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	33,633,781	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-50,231	14,744,650	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-53,489,329	205,885,277	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,328,192	48,463,083	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,300,416	8.00
9.00	00900	HOUSEKEEPING	0	13,742,617	9.00
10.00	01000	DIETARY	-105,950	13,661,764	10.00
11.00	01100	CAFETERIA	-3,999,770	347,422	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,891,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,552,949	14.00
15.00	01500	PHARMACY	0	19,291,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-300	6,572,096	16.00
17.00	01700	SOCIAL SERVICE	0	7,828,712	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-12,565,928	38,518,087	22.00
23.00	02300	PARAMED PRGM- PHARMACY	0	1,373,066	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	-100,716	199,168	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	-932,255	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-19,338,444	91,866,928	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,326,433	20,569,814	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	-6	9,352,693	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-50,214	5,645,417	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,085,999	41.00
43.00	04300	NURSERY	0	2,555,145	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-10,509	34,435,474	50.00
51.00	05100	RECOVERY ROOM	0	5,716,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,093,077	52.00
53.00	05300	ANESTHESIOLOGY	-105,843	6,234,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-769,897	36,970,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-126,381	6,684,448	55.00
56.00	05600	RADIOISOTOPE	-126,729	6,324,748	56.00
57.00	05700	CT SCAN	0	5,789,116	57.00
58.00	05800	MRI	0	6,650,495	58.00
59.00	05900	CARDIAC CATHETERIZATION	-372,068	4,179,815	59.00
60.00	06000	LABORATORY	3,707,163	52,625,938	60.00
60.01	06001	VASCULAR LAB	-2,759	2,186,078	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,156,035	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,911,423	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,811,328	65.00
66.00	06600	PHYSICAL THERAPY	-276,006	27,113,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,171,629	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,266,923	68.00
69.00	06900	ELECTROCARDIOLOGY	-151,910	6,203,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,298,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,724,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,416,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	104,077,645	73.00
74.00	07400	RENAL DIALYSIS	0	2,456,022	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	9,316,464	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-80,293	701,480	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,239,706	117,771,709	90.00
91.00	09100	EMERGENCY	-2,898,192	22,162,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-1,569	14,392,717	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet A Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
116.00	11600	HOSPICE	39,063	7,170,991	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-96,703,404	1,254,871,089	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	25,823,442	25,823,442	191.00
193.01	19301	NON-ALLOWABLE COST	0	100,862,768	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-70,879,962	1,381,557,299	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	1,856,630	698,515	1.00
2.00		0.00	0	0	2.00
			1,856,630	698,515	
B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	4,095,699	1.00
			0	4,095,699	
C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	740,869	329,299	1.00
			740,869	329,299	
D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	62,416,880	1.00
			0	62,416,880	
E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,452,291	1.00
			0	7,452,291	
F - PART A BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,500	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,725,180	0	2.00
3.00	LABORATORY	60.00	100,000	0	3.00
4.00	PHYSICAL THERAPY	66.00	6,667	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	82,556	0	5.00
			1,926,903	0	
G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	36,406,493	22,715,915	1.00
			36,406,493	22,715,915	
H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,203,642	92,803	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
			2,203,642	92,803	
I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	10,667,496	1,524,481	1.00
			10,667,496	1,524,481	
J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	134,800	0	1.00
2.00		0.00	0	0	2.00
			134,800	0	
K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	104,077,645	1.00
			0	104,077,645	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	110,140,910	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

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/19/2018 10:13 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
0			0	110,140,910		
M - LAB EXPENSE TRANSFER						
1.00	NON-ALLOWABLE COST	193.01	1,033,920	996,031		1.00
0			1,033,920	996,031		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	178,775	43,757		1.00
2.00	LABORATORY	60.00	0	5,000		2.00
3.00		0.00	0	0		3.00
0			178,775	48,757		
O - PARAMED ED PHARMACY RECLASS						
1.00	PHARMACY	15.00	294,531	72,456		1.00
	TOTALS		294,531	72,456		
500.00	Grand Total: Increases		55,444,059	314,661,682		500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/19/2018 10:13 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,396,574	493,976	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	460,056	204,539	0		2.00
	O		1,856,630	698,515			
B - TRANSPORTATION RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,095,699	0		1.00
	O		0	4,095,699			
C - LDRP ROOM CHARGES RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	740,869	329,299	0		1.00
	O		740,869	329,299			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	62,416,880	0		1.00
	O		0	62,416,880			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,452,291	11		1.00
	O		0	7,452,291			
F - PART A BONUS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,926,903	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	O		1,926,903	0			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	36,406,493	22,715,915	0		1.00
	O		36,406,493	22,715,915			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	152,380	21,777	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	107,251	15,327	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	1,329	190	0		3.00
4.00	SUBPROVIDER - I/PF	40.00	34,109	4,874	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	27,429	3,920	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	1,541	220	0		6.00
7.00	RADIOISOTOPE	56.00	1,414	202	0		7.00
8.00	LABORATORY	60.00	1,837,596	40,492	0		8.00
9.00	VASCULAR LAB	60.01	13,756	1,966	0		9.00
10.00	PHYSICAL THERAPY	66.00	6,517	931	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	5,002	715	0		11.00
12.00	CLINIC	90.00	2,856	408	0		12.00
13.00	EMERGENCY	91.00	12,462	1,781	0		13.00
	O		2,203,642	92,803			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	10,667,496	1,524,481	0		1.00
	O		10,667,496	1,524,481			
J - GROUP STIPEND RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	104,800	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	30,000	0	0		2.00
	O		134,800	0			
K - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	104,077,645	0		1.00
	O		0	104,077,645			
L - MEDICAL SUPPLIES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,459	0		1.00
2.00	OPERATION OF PLANT	7.00	0	240	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,222	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	49	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	862,447	0		5.00
6.00	PHARMACY	15.00	0	13,168	0		6.00
7.00	PARAMEDICAL PRGM-MEDICAL TECH	23.01	0	736	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	710,788	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	385,420	0		9.00
10.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	16,874	0		10.00
11.00	SUBPROVIDER - I/PF	40.00	0	658	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	8,851	0		12.00
13.00	OPERATING ROOM	50.00	0	69,534,224	0		13.00
14.00	RECOVERY ROOM	51.00	0	157,059	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	219,948	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	203,427	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,585,034	0		17.00
18.00	RADIOISOTOPE	56.00	0	5,704	0		18.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	CT SCAN	57.00	0	181,252	0		19.00
20.00	MRI	58.00	0	548,185	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	15,151,672	0		21.00
22.00	LABORATORY	60.00	0	1,747,383	0		22.00
23.00	VASCULAR LAB	60.01	0	270	0		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	925,480	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	530,292	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	26,300	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	284,033	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	13,576	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	3,078	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	7,337,121	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,125	0		31.00
32.00	RENAL DIALYSIS	74.00	0	4,924	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0	19,579	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	623	0		34.00
35.00	CLINIC	90.00	0	4,290,520	0		35.00
36.00	EMERGENCY	91.00	0	342,189	0		36.00
			0	110,140,910			
M - LAB EXPENSE TRANSFER							
1.00	LABORATORY	60.00	1,033,920	996,031	0		1.00
			1,033,920	996,031			
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	LABORATORY	60.00	137,159	33,590	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	41,616	10,167	0		2.00
3.00	PARAMED ED PRGM-MEDICAL TECH	23.01	0	5,000	0		3.00
			178,775	48,757			
O - PARAMED ED PHARMACY RECLASS							
1.00	PARAMED ED PRGM- PHARMACY	23.00	294,531	72,456	0		1.00
	TOTALS		294,531	72,456			
500.00	Grand Total: Decreases		55,444,059	314,661,682			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

		Acquisitions				Disposals and Retirements	
		Beginning Balances	Purchases	Donation	Total		
		1.00	2.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	71,514,092	0	0	0	0	1.00
2.00	Land Improvements	34,595,628	1,516,173	0	1,516,173	152,786	2.00
3.00	Buildings and Fixtures	1,487,511,392	83,134,724	0	83,134,724	45,087,264	3.00
4.00	Building Improvements	63,246,008	0	0	0	183,043	4.00
5.00	Fixed Equipment	402,983,771	16,917,213	0	16,917,213	41,327,671	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	58,210,931	12,309,029	0	12,309,029	351,884	7.00
8.00	Subtotal (sum of lines 1-7)	2,118,061,822	113,877,139	0	113,877,139	87,102,648	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,118,061,822	113,877,139	0	113,877,139	87,102,648	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	71,514,092	0				
2.00	Land Improvements	35,959,015	4,210,698				
3.00	Buildings and Fixtures	1,525,558,852	236,285,613				
4.00	Building Improvements	63,062,965	28,374,231				
5.00	Fixed Equipment	378,573,313	207,759,025				
6.00	Movable Equipment	0	0				
7.00	HIT designated Assets	70,168,076	31,268,691				
8.00	Subtotal (sum of lines 1-7)	2,144,836,313	507,898,258				
9.00	Reconciling Items	0	0				
10.00	Total (line 8 minus line 9)	2,144,836,313	507,898,258				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
2/19/2018 10:13 pm

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	71,322,015	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,633,781	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	104,955,796	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	71,322,015				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	33,633,781				2.00
3.00	Total (sum of lines 1-2)	0	104,955,796				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/19/2018 10:13 pm

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	1,696,094,924	0	1,696,094,924	0.790781	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	448,741,389	0	448,741,389	0.209219	0	2.00
3.00	Total (sum of lines 1-2)	2,144,836,313	0	2,144,836,313	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	71,322,015	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	33,633,781	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	104,955,796	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	7,452,291	0	0	0	78,774,306	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	33,633,781	2.00
3.00	Total (sum of lines 1-2)	7,452,291	0	0	0	112,408,087	3.00

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8
Date/Time Prepared:
2/19/2018 10:13 pm

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.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-228,330	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-28,102,990			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,815,376			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/19/2018 10:13 pm

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.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00			
33.00	PHYSICIAN ASSISTANT SALARY	A	-9,648,089	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.00			
33.01	PHYSICIAN ASSISTANT SALARY	A	-975	INTENSIVE CARE UNIT		31.00	0 33.01			
33.02	PHYSICIAN ASSISTANT SALARY	A	-25,723	ANESTHESIOLOGY		53.00	0 33.02			
33.04	PHYSICIAN ASSISTANT SALARY	A	-294,353	RADIOLOGY-DIAGNOSTIC		54.00	0 33.04			
33.05	PHYSICIAN ASSISTANT SALARY	A	-366,599	CARDIAC CATHETERIZATION		59.00	0 33.05			
33.06	PHYSICIAN ASSISTANT SALARY	A	-520	VASCULAR LAB		60.01	0 33.06			
33.07	PHYSICIAN ASSISTANT SALARY	A	-135,375	PHYSICAL THERAPY		66.00	0 33.07			
33.08	PHYSICIAN ASSISTANT SALARY	A	-139,690	ELECTROCARDIOLOGY		69.00	0 33.08			
33.09	PHYSICIAN ASSISTANT SALARY	A	-145,554	CLINIC		90.00	0 33.09			
33.10	PHYSICIAN ASSISTANT SALARY	A	-1,291,090	EMERGENCY		91.00	0 33.10			
36.00	LOBBYING DUES EXPENSE	A	-97,051	ADMINISTRATIVE & GENERAL		5.00	0 36.00			
36.01	MEDICAID TAX ASSESSMENT	A	-43,636,184	ADMINISTRATIVE & GENERAL		5.00	0 36.01			
39.00	RESEARCH INSTITUTE EXPENSE	A	25,823,442	RESEARCH		191.00	0 39.00			
40.00	TUITION REVENUE OFFSET	B	-100,700	PARAMEDICAL PRGM-MEDICAL TECH		23.01	0 40.00			
40.01	TUITION REVENUE OFFSET	B	-932,181	PARAMEDICAL PRGM-SCHOOL OF ANESTHESIA		23.02	0 40.01			
40.02	TUITION REVENUE OFFSET	B	-56,165	EMERGENCY		91.00	0 40.02			
40.03	TUITION REVENUE OFFSET	B	-5,000	LABORATORY		60.00	0 40.03			
40.04	TUITION REVENUE OFFSET	B	-24,450	CLINIC		90.00	0 40.04			
40.05	TUITION REVENUE OFFSET	B	-79,635	ANESTHESIOLOGY		53.00	0 40.05			
40.06	CORPORATE EXPENSES	A	-3,460	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.06			
40.07	CORPORATE EXPENSES	A	-6,343,462	ADMINISTRATIVE & GENERAL		5.00	0 40.07			
40.08	CORPORATE EXPENSES	A	-300	MEDICAL RECORDS & LIBRARY		16.00	0 40.08			
40.09	CORPORATE EXPENSES	A	-336,803	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 40.09			
40.10	CORPORATE EXPENSES	A	-16	PARAMEDICAL PRGM-MEDICAL TECH		23.01	0 40.10			
40.11	CORPORATE EXPENSES	A	-74	PARAMEDICAL PRGM-SCHOOL OF ANESTHESIA		23.02	0 40.11			
40.12	CORPORATE EXPENSES	A	-903	ADULTS & PEDIATRICS		30.00	0 40.12			
40.13	CORPORATE EXPENSES	A	-6	INFANT SPECIAL CARE UNIT (ISCU)		31.01	0 40.13			
40.14	CORPORATE EXPENSES	A	-10,509	OPERATING ROOM		50.00	0 40.14			
40.15	CORPORATE EXPENSES	A	-485	ANESTHESIOLOGY		53.00	0 40.15			
40.16	CORPORATE EXPENSES	A	-1,042	RADIOLOGY-DIAGNOSTIC		54.00	0 40.16			
40.17	CORPORATE EXPENSES	A	-1,931	RADIOLOGY-THERAPEUTIC		55.00	0 40.17			
40.18	CORPORATE EXPENSES	A	-628	LABORATORY		60.00	0 40.18			
40.19	CORPORATE EXPENSES	A	-900,898	CLINIC		90.00	0 40.19			
40.20	CORPORATE EXPENSES	A	-1,569	HOME HEALTH AGENCY		101.00	0 40.20			
40.21	CAFETERIA AND DIETARY	B	-3,999,770	CAFETERIA		11.00	0 40.21			
40.22	CAFETERIA AND DIETARY	B	-105,950	DIETARY		10.00	0 40.22			
40.23	MISCELLANEOUS REVENUE OFFSET	B	-1,697,422	ADMINISTRATIVE & GENERAL		5.00	0 40.23			
41.00	MISCELLANEOUS REVENUE OFFSET	B	-1,328,192	OPERATION OF PLANT		7.00	0 41.00			
41.01	MISCELLANEOUS REVENUE OFFSET	B	-350	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 41.01			
41.02	MISCELLANEOUS REVENUE OFFSET	B	-78,264	ADULTS & PEDIATRICS		30.00	0 41.02			
41.03	MISCELLANEOUS REVENUE OFFSET	B	-9,565	SUBPROVIDER - IPF		40.00	0 41.03			
41.04	MISCELLANEOUS REVENUE OFFSET	B	-86,535	LABORATORY		60.00	0 41.04			
41.05	MISCELLANEOUS REVENUE OFFSET	B	-104,811	PHYSICAL THERAPY		66.00	0 41.05			
41.06	MISCELLANEOUS REVENUE OFFSET	B	-80,293	CARDIAC REHABILITATION		76.97	0 41.06			
41.07	MISCELLANEOUS REVENUE OFFSET	B	-1,045,253	CLINIC		90.00	0 41.07			
41.08	MISCELLANEOUS REVENUE OFFSET	B	-33,795	EMERGENCY		91.00	0 41.08			
41.09	CORPORATE INTERATION COSTS	A	-807,802	ADMINISTRATIVE & GENERAL		5.00	0 41.09			
41.10	HOSPICE ADJUSTMENT	A	39,063	HOSPICE		116.00	0 41.10			
41.11	NON ALLOWABLE LEGAL EXPENSE	A	-256,836	ADMINISTRATIVE & GENERAL		5.00	0 41.11			
41.12	NON ALLOWABLE DUES EXPENSE	A	-10,265	ADMINISTRATIVE & GENERAL		5.00	0 41.12			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-70,879,962				50.00			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		

- 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: 14-0010
 Period: From 10/01/2016 To 09/30/2017
 Worksheet A-8-1
 Date/Time Prepared: 2/19/2018 10:13 pm

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	60.00	LABORATORY	5,815,376	0
2.00	0.00	PATHOLOGY GROUP STIPEND	0	0
3.00	0.00		0	0
4.00	0.00		0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		5,815,376	0

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

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

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

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

6.00	C	0.00	NSUHS FACULTY	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	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.

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

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/19/2018 10:13 pm

	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	5,815,376	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	5,815,376			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	NSUHS FACULTY		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2
Date/Time Prepared:
2/19/2018 10:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	66,521	29,000	37,521	197,500	208	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	219,989	183,489	36,500	211,500	304	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	252,265	0	252,265	197,500	1,917	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	20,687	0	20,687	246,400	239	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	2,500	0	2,500	169,700	48	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	20,623	0	20,623	237,100	99	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	4,500	0	4,500	271,900	96	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	259,107	0	259,107	239,400	1,006	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	94,252	0	94,252	260,300	827	9.00
10.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,580,686	2,580,686	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	19,465,608	19,162,002	303,606	197,500	2,173	11.00
12.00	31.00	INTENSIVE CARE UNIT	1,326,882	1,323,544	3,338	197,500	15	12.00
13.00	40.00	SUBPROVIDER - IPF	86,846	9,019	77,827	181,300	530	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	895,816	0	895,816	271,900	3,223	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	229,419	0	229,419	271,900	803	15.00
16.00	56.00	RADIOISOTOPE	186,620	0	186,620	211,500	589	16.00
17.00	59.00	CARDIAC CATHETERIZATION	10,027	0	10,027	197,500	48	17.00
18.00	60.00	LABORATORY	139,416	0	139,416	211,500	976	18.00
19.00	60.00	LABORATORY	3,896,464	1,331,931	2,564,533	260,300	15,347	19.00
20.00	60.01	VASCULAR LAB	6,148	0	6,148	246,400	33	20.00
21.00	66.00	PHYSICAL THERAPY	75,273	0	75,273	211,500	388	21.00
22.00	69.00	ELECTROCARDIOLOGY	20,006	0	20,006	197,500	82	22.00
23.00	90.00	CLINIC	145,603	106,878	38,725	181,300	253	23.00
24.00	91.00	EMERGENCY	1,526,145	1,502,607	23,538	246,400	76	24.00
200.00			31,531,403	26,229,156	5,302,247		29,280	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	19,750	988	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	30,912	1,546	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	182,023	9,101	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	28,312	1,416	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	3,916	196	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	11,285	564	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	12,549	627	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	115,787	5,789	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	103,494	5,175	0	0	0	9.00
10.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	206,331	10,317	0	0	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	1,424	71	0	0	0	12.00
13.00	40.00	SUBPROVIDER - IPF	46,197	2,310	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	421,314	21,066	0	0	0	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	104,969	5,248	0	0	0	15.00
16.00	56.00	RADIOISOTOPE	59,891	2,995	0	0	0	16.00
17.00	59.00	CARDIAC CATHETERIZATION	4,558	228	0	0	0	17.00
18.00	60.00	LABORATORY	99,242	4,962	0	0	0	18.00
19.00	60.00	LABORATORY	1,920,588	96,029	0	0	0	19.00
20.00	60.01	VASCULAR LAB	3,909	195	0	0	0	20.00
21.00	66.00	PHYSICAL THERAPY	39,453	1,973	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	7,786	389	0	0	0	22.00
23.00	90.00	CLINIC	22,052	1,103	0	0	0	23.00
24.00	91.00	EMERGENCY	9,003	450	0	0	0	24.00
200.00			3,454,745	172,738	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	19,750	17,771	46,771		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	30,912	5,588	189,077		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	182,023	70,242	70,242		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	28,312	0	0		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	3,916	0	0		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	11,285	9,338	9,338		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	12,549	0	0		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	115,787	143,320	143,320		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	103,494	0	0		9.00
10.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,580,686		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2

Date/Time Prepared:
2/19/2018 10:13 pm

	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		
11.00	30.00	ADULTS & PEDIATRICS	0	206,331	97,275	19,259,277		11.00
12.00	31.00	INTENSIVE CARE UNIT	0	1,424	1,914	1,325,458		12.00
13.00	40.00	SUBPROVIDER - IPF	0	46,197	31,630	40,649		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	421,314	474,502	474,502		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	0	104,969	124,450	124,450		15.00
16.00	56.00	RADIOISOTOPE	0	59,891	126,729	126,729		16.00
17.00	59.00	CARDIAC CATHETERIZATION	0	4,558	5,469	5,469		17.00
18.00	60.00	LABORATORY	0	99,242	40,174	40,174		18.00
19.00	60.00	LABORATORY	0	1,920,588	643,945	1,975,876		19.00
20.00	60.01	VASCULAR LAB	0	3,909	2,239	2,239		20.00
21.00	66.00	PHYSICAL THERAPY	0	39,453	35,820	35,820		21.00
22.00	69.00	ELECTROCARDIOLOGY	0	7,786	12,220	12,220		22.00
23.00	90.00	CLINIC	0	22,052	16,673	123,551		23.00
24.00	91.00	EMERGENCY	0	9,003	14,535	1,517,142		24.00
200.00			0	3,454,745	1,873,834	28,102,990		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/19/2018 10:13 pm
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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	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	78,774,306	78,774,306			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	33,633,781		33,633,781		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,744,650	679,939	5,158	15,429,747	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	205,885,277	23,938,630	11,204,129	3,000,023	244,028,059
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	48,463,083	18,956,143	170,308	14,284	67,603,818
8.00 00800	LAUNDRY & LINEN SERVICE	3,300,416	128,789	0	0	3,429,205
9.00 00900	HOUSEKEEPING	13,742,617	562,444	91,510	0	14,396,571
10.00 01000	DIETARY	13,661,764	734,502	172,394	0	14,568,660
11.00 01100	CAFETERIA	347,422	617,671	7,757	0	972,850
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	8,891,727	172,584	339,132	189,458	9,592,901
14.00 01400	CENTRAL SERVICES & SUPPLY	8,552,949	0	0	123,185	8,676,134
15.00 01500	PHARMACY	19,291,957	0	0	438,484	19,730,441
16.00 01600	MEDICAL RECORDS & LIBRARY	6,572,096	271,663	2,529	127,965	6,974,253
17.00 01700	SOCIAL SERVICE	7,828,712	110,199	0	160,240	8,099,151
18.00 01080	SPECIFY SERVICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	38,518,087	925,618	35,841	795,296	40,274,842
23.00 02300	PARAMED PRGM- PHARMACY	1,373,066	7,803	0	30,419	1,411,288
23.01 02301	PARAMED PRGM-MEDICAL TECH	199,168	37,318	0	6,526	243,012
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,561	0	19,057	20,618
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	91,866,928	4,713,925	648,437	2,388,254	99,617,544
31.00 03100	INTENSIVE CARE UNIT	20,569,814	895,518	575,916	475,490	22,516,738
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,352,693	194,238	23,716	206,471	9,777,118
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - I/PF	5,645,417	336,917	0	129,003	6,111,337
41.00 04100	SUBPROVIDER - I/RF	2,085,999	165,737	25,474	45,977	2,323,187
43.00 04300	NURSERY	2,555,145	46,487	0	53,484	2,655,116
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,435,474	2,459,504	3,896,877	597,209	41,389,064
51.00 05100	RECOVERY ROOM	5,716,006	599,411	158,185	124,386	6,597,988
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,093,077	875,698	129,414	185,981	10,284,170
53.00 05300	ANESTHESIOLOGY	6,234,944	90,593	774,642	39,095	7,139,274
54.00 05400	RADIOLOGY-DIAGNOSTIC	36,970,572	2,310,095	3,407,457	782,933	43,471,057
55.00 05500	RADIOLOGY-THERAPEUTIC	6,684,448	393,450	654,943	118,329	7,851,170
56.00 05600	RADIOISOTOPE	6,324,748	375,873	1,008,526	91,936	7,801,083
57.00 05700	CT SCAN	5,789,116	192,482	1,020,739	104,288	7,106,625
58.00 05800	MRI	6,650,495	427,647	3,204,521	128,836	10,411,499
59.00 05900	CARDIAC CATHETERIZATION	4,179,815	423,706	368,482	89,199	5,061,202
60.00 06000	LABORATORY	52,625,938	1,225,022	1,514,445	589,945	55,955,350
60.01 06001	VASCULAR LAB	2,186,078	68,472	83,198	45,621	2,383,369
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,156,035	59,615	59,870	35,292	2,310,812
64.00 06400	INTRAVENOUS THERAPY	2,911,423	11,607	36,974	59,090	3,019,094
65.00 06500	RESPIRATORY THERAPY	8,811,328	118,606	140,815	158,710	9,229,459
66.00 06600	PHYSICAL THERAPY	27,113,702	1,115,115	51,557	591,233	28,871,607
67.00 06700	OCCUPATIONAL THERAPY	3,171,629	74,870	0	72,928	3,319,427
68.00 06800	SPEECH PATHOLOGY	1,266,923	42,293	2,016	28,886	1,340,118
69.00 06900	ELECTROCARDIOLOGY	6,203,524	428,837	451,322	135,945	7,219,628
70.00 07000	ELECTROENCEPHALOGRAPHY	2,298,546	83,298	238,809	45,840	2,666,493
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,724,030	307,558	124,744	0	48,156,332
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	62,416,880	511,529	207,472	0	63,135,881
73.00 07300	DRUGS CHARGED TO PATIENTS	104,077,645	333,308	7,736	0	104,418,689
74.00 07400	RENAL DIALYSIS	2,456,022	59,947	0	0	2,515,969
75.00 07500	ASC (NON-DISTINCT PART)	9,316,464	703,329	22,422	190,584	10,232,799
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	701,480	105,341	20,370	17,267	844,458
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	117,771,709	5,022,848	1,777,515	1,814,048	126,386,120
91.00 09100	EMERGENCY	22,162,256	1,066,756	113,035	525,944	23,867,991
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	14,392,717	177,617	7,476	248,050	14,825,860 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	7,170,991	79,123	1,796	111,022	7,362,932 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,254,871,089	73,241,236	32,787,659	15,136,213	1,248,198,363 118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	25,823,442	577,836	569,033	0	26,970,311 191.00
193.01	19301 NON-ALLOWABLE COST	100,862,768	4,955,234	277,089	293,534	106,388,625 193.01
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 through 201)	1,381,557,299	78,774,306	33,633,781	15,429,747	1,381,557,299 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/19/2018 10:13 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	244,028,059				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	14,502,979	0	82,106,797		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	735,664	0	300,415	4,465,284	8.00
9.00	00900	HOUSEKEEPING	3,088,482	0	1,311,961	35,912	18,832,926
10.00	01000	DIETARY	3,125,400	0	1,713,304	7,010	400,854
11.00	01100	CAFETERIA	208,705	0	1,440,782	0	337,094
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,057,955	0	402,571	0	94,188
14.00	01400	CENTRAL SERVICES & SUPPLY	1,861,282	0	0	0	0
15.00	01500	PHARMACY	4,232,752	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,496,180	0	633,684	0	148,260
17.00	01700	SOCIAL SERVICE	1,737,503	0	257,050	0	60,141
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,640,122	0	2,159,103	0	505,156
23.00	02300	PARAMED PRGM- PHARMACY	302,762	0	18,201	0	4,259
23.01	02301	PARAMED PRGM-MEDICAL TECH	52,133	0	87,048	0	20,366
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	3,640	0	852
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,370,852	0	10,995,731	1,465,912	2,572,623
31.00	03100	INTENSIVE CARE UNIT	4,830,493	0	2,088,891	188,332	488,729
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,097,475	0	453,080	41,160	106,005
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,311,059	0	785,894	80,334	183,872
41.00	04100	SUBPROVIDER - IRF	498,391	0	386,599	31,076	90,451
43.00	04300	NURSERY	569,599	0	108,435	0	25,370
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,879,155	0	5,737,055	230,917	1,342,274
51.00	05100	RECOVERY ROOM	1,415,460	0	1,398,191	137,838	327,129
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,206,253	0	2,042,659	126,667	477,912
53.00	05300	ANESTHESIOLOGY	1,531,581	0	211,319	0	49,441
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,325,802	0	5,388,543	276,163	1,260,734
55.00	05500	RADIOLOGY-THERAPEUTIC	1,684,304	0	917,763	99,227	214,725
56.00	05600	RADIOISOTOPE	1,673,559	0	876,764	135,776	205,133
57.00	05700	CT SCAN	1,524,577	0	448,985	12,183	105,047
58.00	05800	MRI	2,233,568	0	997,531	72,162	233,388
59.00	05900	CARDIAC CATHETERIZATION	1,085,775	0	988,339	123,706	231,237
60.00	06000	LABORATORY	12,004,045	0	2,857,493	30,851	668,555
60.01	06001	VASCULAR LAB	511,302	0	159,718	55,930	37,368
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	495,736	0	139,059	15,444	32,535
64.00	06400	INTRAVENOUS THERAPY	647,683	0	27,075	1,724	6,335
65.00	06500	RESPIRATORY THERAPY	1,979,987	0	276,662	0	64,729
66.00	06600	PHYSICAL THERAPY	6,193,797	0	2,601,125	66,764	608,574
67.00	06700	OCCUPATIONAL THERAPY	712,113	0	174,643	48,732	40,860
68.00	06800	SPEECH PATHOLOGY	287,494	0	98,652	0	23,081
69.00	06900	ELECTROCARDIOLOGY	1,548,820	0	1,000,307	115,009	234,037
70.00	07000	ELECTROENCEPHALOGRAPHY	572,040	0	194,301	45,846	45,460
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,330,930	0	717,411	34,113	167,849
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,544,477	0	1,193,197	56,717	279,167
73.00	07300	DRUGS CHARGED TO PATIENTS	22,400,837	0	777,475	0	181,903
74.00	07400	RENAL DIALYSIS	539,748	0	139,833	80,821	32,716
75.00	07500	ASC (NON-DISTINCT PART)	2,195,232	0	1,640,589	188,820	383,841
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	181,161	0	245,720	31,976	57,490
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,112,961	0	11,716,328	376,740	2,741,217
91.00	09100	EMERGENCY	5,120,376	0	2,488,322	251,422	582,182
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,180,577	0	414,311	0	96,934
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,579,562	0	184,563	0	43,181
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	215,418,700	0	69,200,322	4,465,284	15,813,254

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	5,785,914	0	1,347,864	0	315,354	191.00
193.01	19301	NON-ALLOWABLE COST	22,823,445	0	11,558,611	0	2,704,318	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	244,028,059	0	82,106,797	4,465,284	18,832,926	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	19,815,228					10.00
11.00	01100	CAFETERIA	0	2,959,431				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	40,589	0	12,188,204		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	10,537,416	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,771	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	36,964	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	110,932	0	113,063	34	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	10,290	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,724	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,518	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,572,376	608,594	0	4,236,095	235,567	30.00
31.00	03100	INTENSIVE CARE UNIT	1,348,576	113,352	0	1,153,244	75,890	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	25,640	48,152	0	572,853	29,959	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,035,456	35,442	0	188,439	2,372	40.00
41.00	04100	SUBPROVIDER - IRF	455,259	13,624	0	97,988	3,633	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	240,740	143,649	0	1,055,256	468,882	50.00
51.00	05100	RECOVERY ROOM	553	25,704	0	309,039	17,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	737,005	58,752	0	595,466	66,506	52.00
53.00	05300	ANESTHESIOLOGY	0	14,496	0	22,613	119,884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,725	213,774	0	218,589	61,558	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,019	20,931	0	22,613	338	55.00
56.00	05600	RADIOISOTOPE	10,361	19,625	0	0	4,040	56.00
57.00	05700	CT SCAN	15,599	24,350	0	0	36,948	57.00
58.00	05800	MRI	6,577	28,905	0	15,075	13,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,602	18,253	0	143,213	20,126	59.00
60.00	06000	LABORATORY	9,546	212,943	0	7,538	199,149	60.00
60.01	06001	VASCULAR LAB	0	9,619	0	0	458	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,411	0	0	5,302	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,373	0	165,826	25,203	64.00
65.00	06500	RESPIRATORY THERAPY	407	44,858	0	0	45,847	65.00
66.00	06600	PHYSICAL THERAPY	0	153,813	0	7,538	25,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,240	0	0	126	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,623	0	0	150	68.00
69.00	06900	ELECTROCARDIOLOGY	9,284	35,920	0	128,138	11,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,616	0	0	704	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,912	0	0	3,695,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,444	0	0	4,841,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,881	0	0	23,558	73.00
74.00	07400	RENAL DIALYSIS	7,014	0	0	0	4,675	74.00
75.00	07500	ASC (NON-DISTINCT PART)	437,273	45,890	0	459,790	37,706	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	873	4,626	0	30,150	449	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	298,597	231,849	0	1,040,181	184,060	90.00
91.00	09100	EMERGENCY	489,746	127,026	0	1,115,556	180,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	58,258	0	331,652	11,942	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	24,377	0	135,676	11,447	116.00

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	19,815,228	2,792,070	0	12,165,591	10,462,782	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	95,705	0	0	11,370	191.00
193.01	19301 NON-ALLOWABLE COST	0	71,656	0	22,613	63,264	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	19,815,228	2,959,431	0	12,188,204	10,537,416	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				SPECIFY SERVICE		
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	23,963,193					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	9,294,148				16.00
17.00 01700 SOCIAL SERVICE	0	0	10,190,814			17.00
18.00 01080 SPECIFY SERVICE	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0	0	0	0	23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH	1	0	0	0	0	23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	788	758,471	5,960,577	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	231	182,390	960,026	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	1,021	102,554	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - I PF	0	46,446	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	16,930	281,553	0	0	41.00
43.00 04300 NURSERY	0	20,826	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,390	815,465	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1,540	177,515	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	226	109,900	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	411,126	141,473	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,985	563,653	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	68	178,603	0	0	0	55.00
56.00 05600 RADIOISOTOPE	536	161,558	0	0	0	56.00
57.00 05700 CT SCAN	18,993	572,526	0	0	0	57.00
58.00 05800 MRI	29,433	384,756	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,781	169,907	0	4,781	0	59.00
60.00 06000 LABORATORY	1,919	889,411	0	0	0	60.00
60.01 06001 VASCULAR LAB	0	61,496	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	7,030	19,580	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	886	24,480	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,438	123,006	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1,083	193,884	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2	27,520	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	11,387	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	630	339,047	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	26,623	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2	302,161	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4	503,071	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,446,139	1,047,170	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	13,166	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	13	47,622	13,874	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	7	5,208	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	113,640	590,052	1,343,825	0	0	90.00
91.00 09100 EMERGENCY	6,977	603,114	45,694	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	82,828	38,836	313,675	0	0	101.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS
				SPECIFY SERVICE	SERVICE	
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	79,458	24,341	1,271,590	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	16,238,175	9,294,148	10,190,814	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	3,203	0	0	0	0	191.00
193.01 19301 NON-ALLOWABLE COST	7,721,815	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	23,963,193	9,294,148	10,190,814	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	23.00	23.01			
		APPRV	APPRV					
	20.00	21.00	22.00					
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
6.00 00600	MAINTENANCE & REPAIRS							6.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
18.00 01080	SPECIFY SERVICE							18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL	0						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			51,803,252				22.00
23.00 02300	PARAMED PRGM- PHARMACY				1,746,800			23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH						404,284	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI							23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	0	28,900,165	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	252,144	0	0	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	0	0	1,075,320	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	247,200	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	0	8,194,683	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	3,463,273	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,629,049	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	590,808	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	2,926,849	0	0	404,284	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	969,024	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,746,800	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 03950	BLANK	0	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	0	494,400	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	3,060,337	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0		0		116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	51,803,252	1,746,800	404,284	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	51,803,252	1,746,800	404,284	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center	Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01080	SPECIFY SERVICE				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED PRGM- PHARMACY				23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	27,628			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	191,295,295	-28,900,165	162,395,130
31.00	03100	INTENSIVE CARE UNIT	0	33,946,892	0	33,946,892
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	13,507,161	-252,144	13,255,017
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	10,855,971	-1,075,320	9,780,651
41.00	04100	SUBPROVIDER - IRF	0	4,445,891	-247,200	4,198,691
43.00	04300	NURSERY	0	3,379,346	0	3,379,346
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	68,501,530	-8,194,683	60,306,847
51.00	05100	RECOVERY ROOM	0	10,408,165	0	10,408,165
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,705,516	0	16,705,516
53.00	05300	ANESTHESIOLOGY	27,628	13,132,108	-3,463,273	9,668,835
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,495,632	-1,629,049	60,866,583
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,581,569	-590,808	10,990,761
56.00	05600	RADIOISOTOPE	0	10,888,435	0	10,888,435
57.00	05700	CT SCAN	0	9,865,833	0	9,865,833
58.00	05800	MRI	0	14,426,330	0	14,426,330
59.00	05900	CARDIAC CATHETERIZATION	0	7,895,141	0	7,895,141
60.00	06000	LABORATORY	0	76,167,933	-2,926,849	73,241,084
60.01	06001	VASCULAR LAB	0	3,219,260	0	3,219,260
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,034,909	0	3,034,909
64.00	06400	INTRAVENOUS THERAPY	0	3,930,679	0	3,930,679
65.00	06500	RESPIRATORY THERAPY	0	11,767,393	0	11,767,393
66.00	06600	PHYSICAL THERAPY	0	38,724,116	0	38,724,116
67.00	06700	OCCUPATIONAL THERAPY	0	4,340,663	0	4,340,663
68.00	06800	SPEECH PATHOLOGY	0	1,767,505	0	1,767,505
69.00	06900	ELECTROCARDIOLOGY	0	11,611,399	-969,024	10,642,375
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,563,083	0	3,563,083
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	63,426,406	0	63,426,406
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	83,590,525	0	83,590,525
73.00	07300	DRUGS CHARGED TO PATIENTS	0	146,137,452	0	146,137,452
74.00	07400	RENAL DIALYSIS	0	3,333,942	0	3,333,942
75.00	07500	ASC (NON-DISTINCT PART)	0	15,683,449	0	15,683,449
76.00	03950	BLANK	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,402,118	0	1,402,118
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	172,629,970	-494,400	172,135,570
91.00	09100	EMERGENCY	0	37,939,614	-3,060,337	34,879,277
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	19,354,873	0	19,354,873

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Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	10,717,127	0	10,717,127
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,628	1,195,673,231	-51,803,252	1,143,869,979
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	34,529,721	0	34,529,721
193.01	19301	NON-ALLOWABLE COST	0	151,354,347	0	151,354,347
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	27,628	1,381,557,299	-51,803,252	1,329,754,047

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	679,939	5,158	685,097
5.00	00500	ADMINISTRATIVE & GENERAL	0	23,938,630	11,204,129	35,142,759
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	18,956,143	170,308	19,126,451
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,789	0	128,789
9.00	00900	HOUSEKEEPING	0	562,444	91,510	653,954
10.00	01000	DIETARY	0	734,502	172,394	906,896
11.00	01100	CAFETERIA	0	617,671	7,757	625,428
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	172,584	339,132	511,716
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	271,663	2,529	274,192
17.00	01700	SOCIAL SERVICE	0	110,199	0	110,199
18.00	01080	SPECIFY SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	925,618	35,841	961,459
23.00	02300	PARAMED ED PRGM- PHARMACY	0	7,803	0	7,803
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	37,318	0	37,318
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,561	0	1,561
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	4,713,925	648,437	5,362,362
31.00	03100	INTENSIVE CARE UNIT	0	895,518	575,916	1,471,434
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	194,238	23,716	217,954
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	336,917	0	336,917
41.00	04100	SUBPROVIDER - IRF	0	165,737	25,474	191,211
43.00	04300	NURSERY	0	46,487	0	46,487
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,459,504	3,896,877	6,356,381
51.00	05100	RECOVERY ROOM	0	599,411	158,185	757,596
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	875,698	129,414	1,005,112
53.00	05300	ANESTHESIOLOGY	0	90,593	774,642	865,235
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,310,095	3,407,457	5,717,552
55.00	05500	RADIOLOGY-THERAPEUTIC	0	393,450	654,943	1,048,393
56.00	05600	RADIOISOTOPE	0	375,873	1,008,526	1,384,399
57.00	05700	CT SCAN	0	192,482	1,020,739	1,213,221
58.00	05800	MRI	0	427,647	3,204,521	3,632,168
59.00	05900	CARDIAC CATHETERIZATION	0	423,706	368,482	792,188
60.00	06000	LABORATORY	0	1,225,022	1,514,445	2,739,467
60.01	06001	VASCULAR LAB	0	68,472	83,198	151,670
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	59,615	59,870	119,485
64.00	06400	INTRAVENOUS THERAPY	0	11,607	36,974	48,581
65.00	06500	RESPIRATORY THERAPY	0	118,606	140,815	259,421
66.00	06600	PHYSICAL THERAPY	0	1,115,115	51,557	1,166,672
67.00	06700	OCCUPATIONAL THERAPY	0	74,870	0	74,870
68.00	06800	SPEECH PATHOLOGY	0	42,293	2,016	44,309
69.00	06900	ELECTROCARDIOLOGY	0	428,837	451,322	880,159
70.00	07000	ELECTROENCEPHALOGRAPHY	0	83,298	238,809	322,107
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	307,558	124,744	432,302
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	511,529	207,472	719,001
73.00	07300	DRUGS CHARGED TO PATIENTS	0	333,308	7,736	341,044
74.00	07400	RENAL DIALYSIS	0	59,947	0	59,947
75.00	07500	ASC (NON-DISTINCT PART)	0	703,329	22,422	725,751
76.00	03950	BLANK	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	105,341	20,370	125,711
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5,022,848	1,777,515	6,800,363
91.00	09100	EMERGENCY	0	1,066,756	113,035	1,179,791
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	177,617	7,476	185,093

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	79,123	1,796	80,919	4,929
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,241,236	32,787,659	106,028,895	672,064
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	577,836	569,033	1,146,869	0
193.01	19301	NON-ALLOWABLE COST	4,955,234	277,089	5,232,323	13,033
200.00		Cross Foot Adjustments			0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	78,774,306	33,633,781	112,408,087	685,097

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,275,988				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,096,530	0	21,223,615		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	106,347	0	77,654	312,790	8.00
9.00	00900	HOUSEKEEPING	446,466	0	339,126	2,516	1,442,062
10.00	01000	DIETARY	451,803	0	442,868	491	30,694
11.00	01100	CAFETERIA	30,170	0	372,425	0	25,812
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	297,495	0	104,060	0	7,212
14.00	01400	CENTRAL SERVICES & SUPPLY	269,064	0	0	0	0
15.00	01500	PHARMACY	611,880	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	216,286	0	163,800	0	11,352
17.00	01700	SOCIAL SERVICE	251,171	0	66,444	0	4,605
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,249,003	0	558,102	0	38,680
23.00	02300	PARAMED PRGM- PHARMACY	43,767	0	4,705	0	326
23.01	02301	PARAMED PRGM-MEDICAL TECH	7,536	0	22,501	0	1,559
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	941	0	65
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,089,339	0	2,842,264	102,686	196,989
31.00	03100	INTENSIVE CARE UNIT	698,289	0	539,953	13,193	37,423
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	303,208	0	117,116	2,883	8,117
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	189,525	0	203,144	5,627	14,079
41.00	04100	SUBPROVIDER - IRF	72,047	0	99,931	2,177	6,926
43.00	04300	NURSERY	82,340	0	28,029	0	1,943
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,283,558	0	1,482,959	16,176	102,780
51.00	05100	RECOVERY ROOM	204,617	0	361,415	9,655	25,049
52.00	05200	DELIVERY ROOM & LABOR ROOM	318,933	0	528,003	8,873	36,594
53.00	05300	ANESTHESIOLOGY	221,403	0	54,623	0	3,786
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,348,124	0	1,392,873	19,345	96,536
55.00	05500	RADIOLOGY-THERAPEUTIC	243,480	0	237,231	6,951	16,442
56.00	05600	RADIOISOTOPE	241,927	0	226,633	9,511	15,707
57.00	05700	CT SCAN	220,391	0	116,057	853	8,044
58.00	05800	MRI	322,881	0	257,850	5,055	17,871
59.00	05900	CARDIAC CATHETERIZATION	156,958	0	255,474	8,665	17,706
60.00	06000	LABORATORY	1,735,287	0	738,627	2,161	51,192
60.01	06001	VASCULAR LAB	73,913	0	41,285	3,918	2,861
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,663	0	35,945	1,082	2,491
64.00	06400	INTRAVENOUS THERAPY	93,628	0	6,998	121	485
65.00	06500	RESPIRATORY THERAPY	286,224	0	71,514	0	4,956
66.00	06600	PHYSICAL THERAPY	895,366	0	672,359	4,677	46,599
67.00	06700	OCCUPATIONAL THERAPY	102,942	0	45,143	3,414	3,129
68.00	06800	SPEECH PATHOLOGY	41,560	0	25,500	0	1,767
69.00	06900	ELECTROCARDIOLOGY	223,895	0	258,567	8,056	17,921
70.00	07000	ELECTROENCEPHALOGRAPHY	82,693	0	50,224	3,211	3,481
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,493,424	0	185,442	2,390	12,852
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,957,970	0	308,427	3,973	21,376
73.00	07300	DRUGS CHARGED TO PATIENTS	3,238,232	0	200,968	0	13,929
74.00	07400	RENAL DIALYSIS	78,025	0	36,145	5,661	2,505
75.00	07500	ASC (NON-DISTINCT PART)	317,340	0	424,072	13,227	29,391
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	26,188	0	63,516	2,240	4,402
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,919,060	0	3,028,533	26,390	209,902
91.00	09100	EMERGENCY	740,194	0	643,201	17,612	44,578
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	459,780	0	107,094	0	7,422
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	228,339	0	47,707	0	3,306
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,140,261	0	17,887,448	312,790	1,210,842

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	836,403	0	348,406	0	24,147	191.00
193.01	19301	NON-ALLOWABLE COST	3,299,324	0	2,987,761	0	207,073	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,275,988	0	21,223,615	312,790	1,442,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,832,752					10.00
11.00	01100	CAFETERIA	0	1,053,835				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,453	0	943,348		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	274,533	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,874	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,163	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	39,502	0	8,751	1	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	3,664	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	614	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	897	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,347,828	216,715	0	327,870	6,137	30.00
31.00	03100	INTENSIVE CARE UNIT	124,733	40,364	0	89,259	1,977	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,371	17,147	0	44,338	781	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	95,772	12,621	0	14,585	62	40.00
41.00	04100	SUBPROVIDER - IRF	42,108	4,851	0	7,584	95	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,267	51,153	0	81,675	12,216	50.00
51.00	05100	RECOVERY ROOM	51	9,153	0	23,919	448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,167	20,921	0	46,088	1,733	52.00
53.00	05300	ANESTHESIOLOGY	0	5,162	0	1,750	3,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,987	76,124	0	16,918	1,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	94	7,453	0	1,750	9	55.00
56.00	05600	RADIOISOTOPE	958	6,988	0	0	105	56.00
57.00	05700	CT SCAN	1,443	8,671	0	0	963	57.00
58.00	05800	MRI	608	10,293	0	1,167	350	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,495	6,500	0	11,084	524	59.00
60.00	06000	LABORATORY	883	75,828	0	583	5,188	60.00
60.01	06001	VASCULAR LAB	0	3,425	0	0	12	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,351	0	0	138	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,406	0	12,835	657	64.00
65.00	06500	RESPIRATORY THERAPY	38	15,974	0	0	1,194	65.00
66.00	06600	PHYSICAL THERAPY	0	54,772	0	583	676	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,139	0	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,358	0	0	4	68.00
69.00	06900	ELECTROCARDIOLOGY	859	12,791	0	9,918	301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,137	0	0	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,803	0	0	96,282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,978	0	0	126,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,787	0	0	614	73.00
74.00	07400	RENAL DIALYSIS	649	0	0	0	122	74.00
75.00	07500	ASC (NON-DISTINCT PART)	40,444	16,341	0	35,587	982	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	81	1,647	0	2,334	12	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,618	82,560	0	80,508	4,795	90.00
91.00	09100	EMERGENCY	45,298	45,233	0	86,342	4,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,746	0	25,669	311	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,680	0	10,501	298	116.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010			Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,832,752	994,239	0	941,598	272,589		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100 RESEARCH	0	34,080	0	0	296		191.00
193.01	19301 NON-ALLOWABLE COST	0	25,516	0	1,750	1,648		193.01
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,832,752	1,053,835	0	943,348	274,533		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm		
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	SPECIFY SERVICE	18.00	
19.00						
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	631,348			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	686,186		16.00
17.00	01700	SOCIAL SERVICE	0	0	452,696	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED PRGM- PHARMACY	0	0	0	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	0	0	0	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21	56,142	264,781	30.00
31.00	03100	INTENSIVE CARE UNIT	6	13,501	42,646	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	27	7,591	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	3,438	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,253	12,507	41.00
43.00	04300	NURSERY	0	1,542	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116	60,361	0	50.00
51.00	05100	RECOVERY ROOM	41	13,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	8,135	0	52.00
53.00	05300	ANESTHESIOLOGY	10,832	10,472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	579	41,722	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	13,220	0	55.00
56.00	05600	RADIOISOTOPE	14	11,959	0	56.00
57.00	05700	CT SCAN	500	42,379	0	57.00
58.00	05800	MRI	775	28,480	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	126	12,577	0	59.00
60.00	06000	LABORATORY	51	65,834	0	60.00
60.01	06001	VASCULAR LAB	0	4,552	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	185	1,449	0	63.00
64.00	06400	INTRAVENOUS THERAPY	23	1,812	0	64.00
65.00	06500	RESPIRATORY THERAPY	64	9,105	0	65.00
66.00	06600	PHYSICAL THERAPY	29	14,351	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,037	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	843	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17	25,096	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,971	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,366	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,237	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	406,957	75,740	0	73.00
74.00	07400	RENAL DIALYSIS	0	975	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,525	616	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	385	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,994	43,676	59,695	90.00
91.00	09100	EMERGENCY	184	44,643	2,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,182	2,875	13,934	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS
				SPECIFY SERVICE	SERVICE	
	15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	2,093	1,802	56,487	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	427,824	686,186	452,696	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	84	0	0	0		191.00
193.01 19301 NON-ALLOWABLE COST	203,440	0	0	0		193.01
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	631,348	686,186	452,696	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			2,890,808		22.00
23.00 02300	PARAMED PRGM- PHARMACY				61,616	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	VASCULAR LAB					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
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 PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03950	BLANK					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH		
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH					191.00
193.01	19301	NON-ALLOWABLE COST					193.01
200.00		Cross Foot Adjustments	0	0	2,890,808	61,616	69,818
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	0	2,890,808	61,616	69,818

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm		
Cost Center Description			PARAMED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM- PHARMACY					23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	4,310				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		13,919,170	0	13,919,170	30.00
31.00	03100	INTENSIVE CARE UNIT		3,093,889	0	3,093,889	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		730,700	0	730,700	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - I PF		881,498	0	881,498	40.00
41.00	04100	SUBPROVIDER - I RF		442,731	0	442,731	41.00
43.00	04300	NURSERY		162,716	0	162,716	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		9,496,157	0	9,496,157	50.00
51.00	05100	RECOVERY ROOM		1,410,607	0	1,410,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,050,822	0	2,050,822	52.00
53.00	05300	ANESTHESIOLOGY		1,178,122	0	1,178,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,752,125	0	8,752,125	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,580,279	0	1,580,279	55.00
56.00	05600	RADIOISOTOPE		1,902,283	0	1,902,283	56.00
57.00	05700	CT SCAN		1,617,152	0	1,617,152	57.00
58.00	05800	MRI		4,283,218	0	4,283,218	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,270,257	0	1,270,257	59.00
60.00	06000	LABORATORY		5,441,294	0	5,441,294	60.00
60.01	06001	VASCULAR LAB		283,662	0	283,662	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		237,356	0	237,356	63.00
64.00	06400	INTRAVENOUS THERAPY		172,170	0	172,170	64.00
65.00	06500	RESPIRATORY THERAPY		655,537	0	655,537	65.00
66.00	06600	PHYSICAL THERAPY		2,882,334	0	2,882,334	66.00
67.00	06700	OCCUPATIONAL THERAPY		240,915	0	240,915	67.00
68.00	06800	SPEECH PATHOLOGY		117,624	0	117,624	68.00
69.00	06900	ELECTROCARDIOLOGY		1,443,616	0	1,443,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		469,877	0	469,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,252,861	0	2,252,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		3,187,104	0	3,187,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		4,311,271	0	4,311,271	73.00
74.00	07400	RENAL DIALYSIS		184,029	0	184,029	74.00
75.00	07500	ASC (NON-DISTINCT PART)		1,615,738	0	1,615,738	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		227,283	0	227,283	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		14,366,636	0	14,366,636	90.00
91.00	09100	EMERGENCY		2,877,169	0	2,877,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		836,119	0	836,119	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/19/2018 10:13 pm	
Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.02	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	445,061	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	95,019,382	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	2,390,285	0	191.00
193.01	19301	NON-ALLOWABLE COST	11,971,868	0	193.01
200.00		Cross Foot Adjustments	4,310	3,026,552	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,310	112,408,087	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,038,125				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		34,212,607			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,855	5,247	535,621,295		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,227,141	11,396,936	104,138,457	-244,028,059	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	971,729	173,239	495,837	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,602	0	0	0	8.00
9.00 00900	HOUSEKEEPING	28,832	93,085	0	0	9.00
10.00 01000	DIETARY	37,652	175,361	0	0	10.00
11.00 01100	CAFETERIA	31,663	7,890	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	8,847	344,969	6,576,797	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	4,276,234	0	14.00
15.00 01500	PHARMACY	0	0	15,221,456	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	13,926	2,573	4,442,152	0	16.00
17.00 01700	SOCIAL SERVICE	5,649	0	5,562,540	0	17.00
18.00 01080	SPECIFY SERVICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	47,449	36,458	27,607,743	0	22.00
23.00 02300	PARAMED PRGM- PHARMACY	400	0	1,055,942	0	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	1,913	0	226,533	0	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	661,525	-20,618	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	241,645	659,597	82,905,319	0	30.00
31.00 03100	INTENSIVE CARE UNIT	45,906	585,828	16,506,071	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,957	24,124	7,167,401	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - I/PF	17,271	0	4,478,198	0	40.00
41.00 04100	SUBPROVIDER - I/RF	8,496	25,912	1,596,024	0	41.00
43.00 04300	NURSERY	2,383	0	1,856,630	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	126,079	3,963,943	20,731,396	0	50.00
51.00 05100	RECOVERY ROOM	30,727	160,907	4,317,903	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	44,890	131,641	6,456,113	0	52.00
53.00 05300	ANESTHESIOLOGY	4,644	787,974	1,357,138	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	118,420	3,466,100	27,178,581	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	20,169	666,215	4,107,664	0	55.00
56.00 05600	RADIOISOTOPE	19,268	1,025,883	3,191,460	0	56.00
57.00 05700	CT SCAN	9,867	1,038,306	3,620,217	0	57.00
58.00 05800	MRI	21,922	3,259,671	4,472,373	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,720	374,824	3,096,448	0	59.00
60.00 06000	LABORATORY	62,797	1,540,509	20,479,213	0	60.00
60.01 06001	VASCULAR LAB	3,510	84,630	1,583,684	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,056	60,900	1,225,134	0	63.00
64.00 06400	INTRAVENOUS THERAPY	595	37,610	2,051,249	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,080	143,238	5,509,419	0	65.00
66.00 06600	PHYSICAL THERAPY	57,163	52,444	20,523,940	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,838	0	2,531,599	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,168	2,051	1,002,752	0	68.00
69.00 06900	ELECTROCARDIOLOGY	21,983	459,089	4,719,152	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,270	242,919	1,591,283	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,766	126,891	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	26,222	211,043	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	17,086	7,869	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,073	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	36,054	22,808	6,615,909	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,400	20,721	599,394	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	257,481	1,808,106	62,972,484	0	90.00
91.00 09100	EMERGENCY	54,684	114,980	18,257,516	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					4.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	9,105	7,605	8,610,737	0	14,825,860	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,056	1,827	3,853,989	0	7,362,932	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,754,489	33,351,923	525,431,606	-244,048,677	1,004,149,686	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	29,621	578,826	0	0	26,970,311	191.00
193.01	19301 NON-ALLOWABLE COST	254,015	281,858	10,189,689	0	106,388,625	193.01
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)	78,774,306	33,633,781	15,429,747		244,028,059	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.507644	0.983081	0.028807		0.214529	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			685,097		35,275,988	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001279		0.031012	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet B-1	
Date/Time Prepared: 2/19/2018 10:13 pm								
Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,804,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,602	119,117			8.00
9.00	00900	HOUSEKEEPING	0	28,832	958	1,768,966		9.00
10.00	01000	DIETARY	0	37,652	187	37,652	680,865	10.00
11.00	01100	CAFETERIA	0	31,663	0	31,663	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,847	0	8,847	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,926	0	13,926	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,649	0	5,649	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	47,449	0	47,449	0	22.00
23.00	02300	PARAMED PRGM- PHARMACY	0	400	0	400	0	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	0	1,913	0	1,913	0	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	241,645	39,105	241,645	500,717	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,906	5,024	45,906	46,338	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,957	1,098	9,957	881	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	17,271	2,143	17,271	35,579	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,496	829	8,496	15,643	41.00
43.00	04300	NURSERY	0	2,383	0	2,383	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	126,079	6,160	126,079	8,272	50.00
51.00	05100	RECOVERY ROOM	0	30,727	3,677	30,727	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44,890	3,379	44,890	25,324	52.00
53.00	05300	ANESTHESIOLOGY	0	4,644	0	4,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118,420	7,367	118,420	2,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,169	2,647	20,169	35	55.00
56.00	05600	RADIOISOTOPE	0	19,268	3,622	19,268	356	56.00
57.00	05700	CT SCAN	0	9,867	325	9,867	536	57.00
58.00	05800	MRI	0	21,922	1,925	21,922	226	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,720	3,300	21,720	1,670	59.00
60.00	06000	LABORATORY	0	62,797	823	62,797	328	60.00
60.01	06001	VASCULAR LAB	0	3,510	1,492	3,510	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,056	412	3,056	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	595	46	595	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,080	0	6,080	14	65.00
66.00	06600	PHYSICAL THERAPY	0	57,163	1,781	57,163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,838	1,300	3,838	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,168	0	2,168	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,983	3,068	21,983	319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,270	1,223	4,270	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,766	910	15,766	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,222	1,513	26,222	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,086	0	17,086	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,073	2,156	3,073	241	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	36,054	5,037	36,054	15,025	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,400	853	5,400	30	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	257,481	10,050	257,481	10,260	90.00
91.00	09100	EMERGENCY	0	54,684	6,707	54,684	16,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,105	0	9,105	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	4,056	0	4,056	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,520,764	119,117	1,485,330	680,865	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	29,621	0	29,621	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	254,015	0	254,015	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	82,106,797	4,465,284	18,832,926	19,815,228	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	45.503656	37.486538	10.646291	29.103020	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	21,223,615	312,790	1,442,062	1,832,752	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	11.762145	2.625906	0.815201	2.691799	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet B-1	
Date/Time Prepared: 2/19/2018 10:13 pm								
Cost Center	Description	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		11.00	12.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.00	00500							5.00
6.00	00600							6.00
7.00	00700							7.00
8.00	00800							8.00
9.00	00900							9.00
10.00	01000							10.00
11.00	01100	10,934,208						11.00
12.00	01200	0	0					12.00
13.00	01300	149,963	0	1,617				13.00
14.00	01400	0	0	0	136,921,302			14.00
15.00	01500	0	0	0	0	161,466,712		15.00
16.00	01600	154,331	0	0	0	0		16.00
17.00	01700	136,572	0	0	70	0		17.00
18.00	01080	0	0	0	0	0		18.00
19.00	01900	0	0	0	0	0		19.00
20.00	02000	0	0	0	0	0		20.00
21.00	02100	0	0	0	0	0		21.00
22.00	02200	409,861	0	15	439	0		22.00
23.00	02300	38,019	0	0	0	0		23.00
23.01	02301	6,369	0	0	3	5		23.01
23.02	02302	9,302	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	2,248,566	0	562	3,060,899	5,309		30.00
31.00	03100	418,802	0	153	986,100	1,557		31.00
31.01	03101	177,906	0	76	389,286	6,882		31.01
32.00	03200	0	0	0	0	0		32.00
33.00	03300	0	0	0	0	0		33.00
40.00	04000	130,948	0	25	30,822	0		40.00
41.00	04100	50,337	0	13	47,205	0		41.00
43.00	04300	0	0	0	0	0		43.00
44.00	04400	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	530,741	0	140	6,092,544	29,581		50.00
51.00	05100	94,969	0	41	223,601	10,380		51.00
52.00	05200	217,071	0	79	864,159	1,524		52.00
53.00	05300	53,558	0	3	1,557,740	2,770,222		53.00
54.00	05400	789,831	0	29	799,866	148,139		54.00
55.00	05500	77,334	0	3	4,389	458		55.00
56.00	05600	72,507	0	0	52,490	3,614		56.00
57.00	05700	89,967	0	0	480,099	127,977		57.00
58.00	05800	106,794	0	2	174,582	198,322		58.00
59.00	05900	67,441	0	19	261,510	32,216		59.00
60.00	06000	786,760	0	1	2,587,692	12,929		60.00
60.01	06001	35,541	0	0	5,951	0		60.01
63.00	06300	34,770	0	0	68,895	47,371		63.00
64.00	06400	45,715	0	22	327,483	5,969		64.00
65.00	06500	165,738	0	0	595,724	16,425		65.00
66.00	06600	568,292	0	1	336,941	7,295		66.00
67.00	06700	63,695	0	0	1,631	16		67.00
68.00	06800	24,469	0	0	1,944	0		68.00
69.00	06900	132,714	0	17	150,144	4,243		69.00
70.00	07000	42,919	0	0	9,145	0		70.00
71.00	07100	80,959	0	0	48,021,004	15		71.00
72.00	07200	134,650	0	0	62,910,802	24		72.00
73.00	07300	350,558	0	0	306,103	104,077,645		73.00
74.00	07400	0	0	0	60,752	1		74.00
75.00	07500	169,550	0	61	489,943	86		75.00
76.00	03950	0	0	0	0	0		76.00
76.97	07697	17,093	0	4	5,831	47		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	856,612	0	138	2,391,627	765,722		90.00
91.00	09100	469,324	0	148	2,350,189	47,011		91.00
92.00	09200	0	0	0	0	0		92.00
92.01	09201	0	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	215,247	0	44	155,178	558,109		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	90,065	0	18	148,746	535,402
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,315,860	0	1,614	135,951,529	109,414,496
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	353,600	0	0	147,734	21,580
193.01	19301	NON-ALLOWABLE COST	264,748	0	3	822,039	52,030,636
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,959,431	0	12,188,204	10,537,416	23,963,193
203.00		Unit cost multiplier (Wkst. B, Part I)	0.270658	0.000000	7,537.541126	0.076960	0.148409
204.00		Cost to be allocated (per Wkst. B, Part II)	1,053,835	0	943,348	274,533	631,348
205.00		Unit cost multiplier (Wkst. B, Part II)	0.096380	0.000000	583.393939	0.002005	0.003910

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,497,278,924					16.00
17.00 01700 SOCIAL SERVICE	0	67,576				17.00
18.00 01080 SPECIFY SERVICE	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM- PHARMACY	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM-MEDICAL TECH	0	0	0	0		23.01
23.02 02302 PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	366,942,802	39,525	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	88,238,948	6,366	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	49,614,960	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000 SUBPROVIDER - I/PF	22,470,352	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	8,190,657	1,867	0	0	0	41.00
43.00 04300 NURSERY	10,075,542	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	394,516,404	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	85,880,281	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	53,168,889	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	68,443,427	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	272,691,442	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	86,407,005	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	78,160,474	0	0	0	0	56.00
57.00 05700 CT SCAN	276,983,954	0	0	0	0	57.00
58.00 05800 MRI	186,142,167	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	82,199,963	0	0	0	0	59.00
60.00 06000 LABORATORY	430,290,530	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	29,751,325	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	9,472,434	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	11,843,383	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	59,509,375	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	93,799,793	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,314,024	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,508,843	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	164,028,468	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	12,880,149	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	146,183,127	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	243,382,233	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	507,449,724	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	6,369,730	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	23,039,400	92	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	2,519,367	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	285,462,909	8,911	0	0	0	90.00
91.00 09100 EMERGENCY	291,782,517	303	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	18,788,377	2,080	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	11,775,949	8,432	0			0 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,497,278,924	67,576	0	0		0 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0		0 191.00
193.01 19301 NON-ALLOWABLE COST	0	0	0	0		0 193.01
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)	9,294,148	10,190,814	0	0		0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.002067	150.805227	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	686,186	452,696	0	0		0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000153	6.699065	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01080	SPECIFY SERVICE					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		20,956			22.00
23.00 02300	PARAMED PRGM- PHARMACY			100		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				100	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	11,691	0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	102	0	0	0 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00 04000	SUBPROVIDER - IPF	0	435	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	100	0	0	0 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,315	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	1,401	0	0	100 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	659	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	239	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	1,184	0	100	0 60.00
60.01 06001	VASCULAR LAB	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	392	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	BLANK	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	200	0	0	0 90.00
91.00 09100	EMERGENCY	0	1,238	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE			0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	20,956	100	100	100
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	51,803,252	1,746,800	404,284	27,628
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,472.000954	17,468.000000	4,042.840000	276.280000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,890,808	61,616	69,818	4,310
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	137.946555	616.160000	698.180000	43.100000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,395,130		162,395,130	97,275	162,492,405	30.00
31.00	03100	INTENSIVE CARE UNIT	33,946,892		33,946,892	1,914	33,948,806	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,255,017		13,255,017	0	13,255,017	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	9,780,651		9,780,651	31,630	9,812,281	40.00
41.00	04100	SUBPROVIDER - IRF	4,198,691		4,198,691	0	4,198,691	41.00
43.00	04300	NURSERY	3,379,346		3,379,346	0	3,379,346	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,306,847		60,306,847	0	60,306,847	50.00
51.00	05100	RECOVERY ROOM	10,408,165		10,408,165	0	10,408,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,705,516		16,705,516	0	16,705,516	52.00
53.00	05300	ANESTHESIOLOGY	9,668,835		9,668,835	0	9,668,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,866,583		60,866,583	474,502	61,341,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,990,761		10,990,761	124,450	11,115,211	55.00
56.00	05600	RADIOISOTOPE	10,888,435		10,888,435	126,729	11,015,164	56.00
57.00	05700	CT SCAN	9,865,833		9,865,833	0	9,865,833	57.00
58.00	05800	MRI	14,426,330		14,426,330	0	14,426,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,895,141		7,895,141	5,469	7,900,610	59.00
60.00	06000	LABORATORY	73,241,084		73,241,084	684,119	73,925,203	60.00
60.01	06001	VASCULAR LAB	3,219,260		3,219,260	2,239	3,221,499	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,034,909		3,034,909	0	3,034,909	63.00
64.00	06400	INTRAVENOUS THERAPY	3,930,679		3,930,679	0	3,930,679	64.00
65.00	06500	RESPIRATORY THERAPY	11,767,393	0	11,767,393	0	11,767,393	65.00
66.00	06600	PHYSICAL THERAPY	38,724,116	0	38,724,116	35,820	38,759,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,340,663	0	4,340,663	0	4,340,663	67.00
68.00	06800	SPEECH PATHOLOGY	1,767,505	0	1,767,505	0	1,767,505	68.00
69.00	06900	ELECTROCARDIOLOGY	10,642,375		10,642,375	12,220	10,654,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,563,083		3,563,083	0	3,563,083	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,426,406		63,426,406	0	63,426,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,590,525		83,590,525	0	83,590,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,137,452		146,137,452	0	146,137,452	73.00
74.00	07400	RENAL DIALYSIS	3,333,942		3,333,942	0	3,333,942	74.00
75.00	07500	ASC (NON-DISTINCT PART)	15,683,449		15,683,449	0	15,683,449	75.00
76.00	03950	BLANK	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,402,118		1,402,118	0	1,402,118	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	172,135,570		172,135,570	16,673	172,152,243	90.00
91.00	09100	EMERGENCY	34,879,277		34,879,277	14,535	34,893,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	30,969,421		30,969,421	0	30,969,421	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	19,354,873		19,354,873		19,354,873	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,717,127		10,717,127		10,717,127	116.00
200.00		Subtotal (see instructions)	1,174,839,400	0	1,174,839,400	1,627,575	1,176,466,975	200.00
201.00		Less Observation Beds	30,969,421		30,969,421		30,969,421	201.00
202.00		Total (see instructions)	1,143,869,979	0	1,143,869,979	1,627,575	1,145,497,554	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/19/2018 10:13 pm	
			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	285,143,058		285,143,058			30.00
31.00	03100	INTENSIVE CARE UNIT	88,238,948		88,238,948			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,614,960		49,614,960			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - IPF	22,470,352		22,470,352			40.00
41.00	04100	SUBPROVIDER - IRF	8,190,657		8,190,657			41.00
43.00	04300	NURSERY	10,075,542		10,075,542			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	182,308,505	212,207,899	394,516,404	0.152863	0.000000	50.00
51.00	05100	RECOVERY ROOM	37,873,470	48,006,811	85,880,281	0.121194	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,257,470	2,911,419	53,168,889	0.314197	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	30,815,727	37,627,700	68,443,427	0.141268	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,142,055	220,549,387	272,691,442	0.223207	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,506,376	83,900,629	86,407,005	0.127198	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,914,019	71,246,455	78,160,474	0.139309	0.000000	56.00
57.00	05700	CT SCAN	68,726,056	208,257,898	276,983,954	0.035619	0.000000	57.00
58.00	05800	MRI	20,709,687	165,432,480	186,142,167	0.077502	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,849,708	39,350,255	82,199,963	0.096048	0.000000	59.00
60.00	06000	LABORATORY	160,389,818	269,900,712	430,290,530	0.170213	0.000000	60.00
60.01	06001	VASCULAR LAB	8,708,851	21,042,474	29,751,325	0.108206	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,500,147	2,972,287	9,472,434	0.320394	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	11,459,087	384,296	11,843,383	0.331888	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	53,425,855	6,083,520	59,509,375	0.197740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,735,714	74,064,079	93,799,793	0.412838	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,178,600	1,135,424	13,314,024	0.326022	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,009,196	499,647	5,508,843	0.320849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	46,242,648	117,785,820	164,028,468	0.064881	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,301,168	5,578,981	12,880,149	0.276634	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,123,397	74,059,730	146,183,127	0.433883	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,098,624	76,283,609	243,382,233	0.343454	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,785,452	372,664,272	507,449,724	0.287984	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,344,724	1,025,006	6,369,730	0.523404	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	174,012	22,865,388	23,039,400	0.680723	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	5,080	2,514,287	2,519,367	0.556536	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,484,049	275,978,860	285,462,909	0.603005	0.000000	90.00
91.00	09100	EMERGENCY	98,594,968	193,187,549	291,782,517	0.119539	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,201,479	57,598,265	81,799,744	0.378600	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,788,377	18,788,377			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,775,949	11,775,949			116.00
200.00		Subtotal (see instructions)	1,801,599,459	2,695,679,465	4,497,278,924			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,801,599,459	2,695,679,465	4,497,278,924			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/19/2018 10:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.152863	50.00
51.00	05100	RECOVERY ROOM	0.121194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314197	52.00
53.00	05300	ANESTHESIOLOGY	0.141268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224947	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.128638	55.00
56.00	05600	RADIOISOTOPE	0.140930	56.00
57.00	05700	CT SCAN	0.035619	57.00
58.00	05800	MRI	0.077502	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096115	59.00
60.00	06000	LABORATORY	0.171803	60.00
60.01	06001	VASCULAR LAB	0.108281	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320394	63.00
64.00	06400	INTRAVENOUS THERAPY	0.331888	64.00
65.00	06500	RESPIRATORY THERAPY	0.197740	65.00
66.00	06600	PHYSICAL THERAPY	0.413220	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326022	67.00
68.00	06800	SPEECH PATHOLOGY	0.320849	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276634	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287984	73.00
74.00	07400	RENAL DIALYSIS	0.523404	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680723	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.556536	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.603063	90.00
91.00	09100	EMERGENCY	0.119588	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,395,130		162,395,130	97,275	162,492,405	30.00
31.00	03100	INTENSIVE CARE UNIT	33,946,892		33,946,892	1,914	33,948,806	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,255,017		13,255,017	0	13,255,017	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	9,780,651		9,780,651	31,630	9,812,281	40.00
41.00	04100	SUBPROVIDER - IRF	4,198,691		4,198,691	0	4,198,691	41.00
43.00	04300	NURSERY	3,379,346		3,379,346	0	3,379,346	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,306,847		60,306,847	0	60,306,847	50.00
51.00	05100	RECOVERY ROOM	10,408,165		10,408,165	0	10,408,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,705,516		16,705,516	0	16,705,516	52.00
53.00	05300	ANESTHESIOLOGY	9,668,835		9,668,835	0	9,668,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,866,583		60,866,583	474,502	61,341,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,990,761		10,990,761	124,450	11,115,211	55.00
56.00	05600	RADIOISOTOPE	10,888,435		10,888,435	126,729	11,015,164	56.00
57.00	05700	CT SCAN	9,865,833		9,865,833	0	9,865,833	57.00
58.00	05800	MRI	14,426,330		14,426,330	0	14,426,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,895,141		7,895,141	5,469	7,900,610	59.00
60.00	06000	LABORATORY	73,241,084		73,241,084	684,119	73,925,203	60.00
60.01	06001	VASCULAR LAB	3,219,260		3,219,260	2,239	3,221,499	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,034,909		3,034,909	0	3,034,909	63.00
64.00	06400	INTRAVENOUS THERAPY	3,930,679		3,930,679	0	3,930,679	64.00
65.00	06500	RESPIRATORY THERAPY	11,767,393	0	11,767,393	0	11,767,393	65.00
66.00	06600	PHYSICAL THERAPY	38,724,116	0	38,724,116	35,820	38,759,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,340,663	0	4,340,663	0	4,340,663	67.00
68.00	06800	SPEECH PATHOLOGY	1,767,505	0	1,767,505	0	1,767,505	68.00
69.00	06900	ELECTROCARDIOLOGY	10,642,375		10,642,375	12,220	10,654,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,563,083		3,563,083	0	3,563,083	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,426,406		63,426,406	0	63,426,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,590,525		83,590,525	0	83,590,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,137,452		146,137,452	0	146,137,452	73.00
74.00	07400	RENAL DIALYSIS	3,333,942		3,333,942	0	3,333,942	74.00
75.00	07500	ASC (NON-DISTINCT PART)	15,683,449		15,683,449	0	15,683,449	75.00
76.00	03950	BLANK	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,402,118		1,402,118	0	1,402,118	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	172,135,570		172,135,570	16,673	172,152,243	90.00
91.00	09100	EMERGENCY	34,879,277		34,879,277	14,535	34,893,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	30,969,421		30,969,421	0	30,969,421	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	19,354,873		19,354,873		19,354,873	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,717,127		10,717,127		10,717,127	116.00
200.00		Subtotal (see instructions)	1,174,839,400	0	1,174,839,400	1,627,575	1,176,466,975	200.00
201.00		Less Observation Beds	30,969,421		30,969,421		30,969,421	201.00
202.00		Total (see instructions)	1,143,869,979	0	1,143,869,979	1,627,575	1,145,497,554	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/19/2018 10:13 pm	
			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	285,143,058		285,143,058			30.00
31.00	03100	INTENSIVE CARE UNIT	88,238,948		88,238,948			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,614,960		49,614,960			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
40.00	04000	SUBPROVIDER - I/PF	22,470,352		22,470,352			40.00
41.00	04100	SUBPROVIDER - I/RF	8,190,657		8,190,657			41.00
43.00	04300	NURSERY	10,075,542		10,075,542			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	182,308,505	212,207,899	394,516,404	0.152863	0.000000	50.00
51.00	05100	RECOVERY ROOM	37,873,470	48,006,811	85,880,281	0.121194	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,257,470	2,911,419	53,168,889	0.314197	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	30,815,727	37,627,700	68,443,427	0.141268	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,142,055	220,549,387	272,691,442	0.223207	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,506,376	83,900,629	86,407,005	0.127198	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,914,019	71,246,455	78,160,474	0.139309	0.000000	56.00
57.00	05700	CT SCAN	68,726,056	208,257,898	276,983,954	0.035619	0.000000	57.00
58.00	05800	MRI	20,709,687	165,432,480	186,142,167	0.077502	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,849,708	39,350,255	82,199,963	0.096048	0.000000	59.00
60.00	06000	LABORATORY	160,389,818	269,900,712	430,290,530	0.170213	0.000000	60.00
60.01	06001	VASCULAR LAB	8,708,851	21,042,474	29,751,325	0.108206	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,500,147	2,972,287	9,472,434	0.320394	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	11,459,087	384,296	11,843,383	0.331888	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	53,425,855	6,083,520	59,509,375	0.197740	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,735,714	74,064,079	93,799,793	0.412838	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,178,600	1,135,424	13,314,024	0.326022	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,009,196	499,647	5,508,843	0.320849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	46,242,648	117,785,820	164,028,468	0.064881	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,301,168	5,578,981	12,880,149	0.276634	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,123,397	74,059,730	146,183,127	0.433883	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	167,098,624	76,283,609	243,382,233	0.343454	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,785,452	372,664,272	507,449,724	0.287984	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,344,724	1,025,006	6,369,730	0.523404	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	174,012	22,865,388	23,039,400	0.680723	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	5,080	2,514,287	2,519,367	0.556536	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,484,049	275,978,860	285,462,909	0.603005	0.000000	90.00
91.00	09100	EMERGENCY	98,594,968	193,187,549	291,782,517	0.119539	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	24,201,479	57,598,265	81,799,744	0.378600	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,788,377	18,788,377			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,775,949	11,775,949			116.00
200.00		Subtotal (see instructions)	1,801,599,459	2,695,679,465	4,497,278,924			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,801,599,459	2,695,679,465	4,497,278,924			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/19/2018 10:13 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	VASCULAR LAB	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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 PATIENT	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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	BLANK	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,919,170	0	13,919,170	154,662	90.00	30.00
31.00	INTENSIVE CARE UNIT	3,093,889		3,093,889	17,120	180.72	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	730,700		730,700	10,023	72.90	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	881,498	0	881,498	9,899	89.05	40.00
41.00	SUBPROVIDER - IRF	442,731	0	442,731	4,555	97.20	41.00
43.00	NURSERY	162,716		162,716	10,387	15.67	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	19,230,704		19,230,704	206,646		200.00
INPATIENT ROUTINE SERVICE COST CENTERS							
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
30.00	ADULTS & PEDIATRICS	64,399	5,795,910				
31.00	INTENSIVE CARE UNIT	8,038	1,452,627				
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	2,280	203,034				
41.00	SUBPROVIDER - IRF	2,338	227,254				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	77,055	7,678,825				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	9,496,157	394,516,404	0.024070	81,863,270	1,970,449	50.00	
51.00	05100 RECOVERY ROOM	1,410,607	85,880,281	0.016425	17,208,169	282,644	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,050,822	53,168,889	0.038572	91,743	3,539	52.00	
53.00	05300 ANESTHESIOLOGY	1,178,122	68,443,427	0.017213	10,962,050	188,690	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,752,125	272,691,442	0.032095	26,941,972	864,703	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	1,580,279	86,407,005	0.018289	1,094,012	20,008	55.00	
56.00	05600 RADIOISOTOPE	1,902,283	78,160,474	0.024338	3,468,160	84,408	56.00	
57.00	05700 CT SCAN	1,617,152	276,983,954	0.005838	36,469,989	212,912	57.00	
58.00	05800 MRI	4,283,218	186,142,167	0.023010	9,673,930	222,597	58.00	
59.00	05900 CARDIAC CATHETERIZATION	1,270,257	82,199,963	0.015453	22,465,837	347,165	59.00	
60.00	06000 LABORATORY	5,441,294	430,290,530	0.012646	81,703,721	1,033,225	60.00	
60.01	06001 VASCULAR LAB	283,662	29,751,325	0.009534	4,680,259	44,622	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	237,356	9,472,434	0.025058	2,371,409	59,423	63.00	
64.00	06400 INTRAVENOUS THERAPY	172,170	11,843,383	0.014537	6,075,535	88,320	64.00	
65.00	06500 RESPIRATORY THERAPY	655,537	59,509,375	0.011016	25,550,525	281,465	65.00	
66.00	06600 PHYSICAL THERAPY	2,882,334	93,799,793	0.030729	10,177,512	312,745	66.00	
67.00	06700 OCCUPATIONAL THERAPY	240,915	13,314,024	0.018095	5,535,250	100,160	67.00	
68.00	06800 SPEECH PATHOLOGY	117,624	5,508,843	0.021352	2,338,488	49,931	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,443,616	164,028,468	0.008801	26,222,032	230,780	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	469,877	12,880,149	0.036481	3,027,752	110,455	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,861	146,183,127	0.015411	34,695,345	534,690	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,187,104	243,382,233	0.013095	86,885,541	1,137,766	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	4,311,271	507,449,724	0.008496	62,961,352	534,920	73.00	
74.00	07400 RENAL DIALYSIS	184,029	6,369,730	0.028891	3,233,754	93,426	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	1,615,738	23,039,400	0.070129	109,999	7,714	75.00	
76.00	03950 BLANK	0	0	0.000000	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	227,283	2,519,367	0.090214	2,172	196	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	14,366,636	285,462,909	0.050328	5,214,836	262,452	90.00	
91.00	09100 EMERGENCY	2,877,169	291,782,517	0.009861	51,327,577	506,141	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,652,841	81,799,744	0.032431	0	0	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
200.00	Total (lines 50 through 199)	77,160,339	4,002,981,081		622,352,191	9,585,546	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	154,662	0.00	64,399	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	17,120	0.00	8,038	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	10,023	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	9,899	0.00	2,280	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,555	0.00	2,338	41.00	
43.00	04300	NURSERY	0	0	10,387	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	206,646	0.00	77,055	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	27,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	404,284	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,746,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,178,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	394,516,404	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	85,880,281	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	53,168,889	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	27,628	27,628	68,443,427	0.000404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	272,691,442	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	86,407,005	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	78,160,474	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	276,983,954	0.000000	57.00
58.00	05800	MRI	0	0	0	186,142,167	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,199,963	0.000000	59.00
60.00	06000	LABORATORY	0	404,284	404,284	430,290,530	0.000940	60.00
60.01	06001	VASCULAR LAB	0	0	0	29,751,325	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,472,434	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,843,383	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	59,509,375	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	93,799,793	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,314,024	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,508,843	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	164,028,468	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,880,149	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	146,183,127	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,382,233	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,746,800	1,746,800	507,449,724	0.003442	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,369,730	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	23,039,400	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,519,367	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	285,462,909	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	291,782,517	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	81,799,744	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,178,712	2,178,712	4,002,981,081		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	81,863,270	0	53,109,053	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	17,208,169	0	11,021,268	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	91,743	0	27,515	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000404	10,962,050	4,429	10,463,230	4,227	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	26,941,972	0	55,947,774	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,094,012	0	35,218,727	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,468,160	0	31,143,841	0	56.00
57.00	05700 CT SCAN	0.000000	36,469,989	0	84,594,157	0	57.00
58.00	05800 MRI	0.000000	9,673,930	0	49,115,413	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	22,465,837	0	23,508,465	0	59.00
60.00	06000 LABORATORY	0.000940	81,703,721	76,801	79,851,462	75,060	60.00
60.01	06001 VASCULAR LAB	0.000000	4,680,259	0	9,963,268	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,371,409	0	975,622	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	6,075,535	0	180,735	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	25,550,525	0	2,772,321	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,177,512	0	1,167,449	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,535,250	0	27,215	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,338,488	0	1,898	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	26,222,032	0	57,750,464	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,027,752	0	2,401,764	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	34,695,345	0	26,077,608	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	86,885,541	0	33,460,197	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003442	62,961,352	216,713	170,834,341	588,012	73.00
74.00	07400 RENAL DIALYSIS	0.000000	3,233,754	0	936,860	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	109,999	0	6,693,255	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	2,172	0	1,345,289	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	5,214,836	0	127,647,218	0	90.00
91.00	09100 EMERGENCY	0.000000	51,327,577	0	53,830,767	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		622,352,191	297,943	930,067,176	667,299	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
		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	0.152863	53,109,053	251,124	0	8,118,409	50.00
51.00	05100	RECOVERY ROOM	0.121194	11,021,268	0	0	1,335,712	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314197	27,515	0	0	8,645	52.00
53.00	05300	ANESTHESIOLOGY	0.141268	10,463,230	0	0	1,478,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223207	55,947,774	0	0	12,487,935	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.127198	35,218,727	0	0	4,479,752	55.00
56.00	05600	RADIOISOTOPE	0.139309	31,143,841	0	0	4,338,617	56.00
57.00	05700	CT SCAN	0.035619	84,594,157	0	0	3,013,159	57.00
58.00	05800	MRI	0.077502	49,115,413	0	0	3,806,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096048	23,508,465	0	0	2,257,941	59.00
60.00	06000	LABORATORY	0.170213	79,851,462	35,773	0	13,591,757	60.00
60.01	06001	VASCULAR LAB	0.108206	9,963,268	0	0	1,078,085	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320394	975,622	3,712	0	312,583	63.00
64.00	06400	INTRAVENOUS THERAPY	0.331888	180,735	23	0	59,984	64.00
65.00	06500	RESPIRATORY THERAPY	0.197740	2,772,321	0	0	548,199	65.00
66.00	06600	PHYSICAL THERAPY	0.412838	1,167,449	0	0	481,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326022	27,215	0	0	8,873	67.00
68.00	06800	SPEECH PATHOLOGY	0.320849	1,898	0	0	609	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064881	57,750,464	0	0	3,746,908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276634	2,401,764	0	0	664,410	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	26,077,608	0	0	11,314,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343454	33,460,197	0	0	11,492,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287984	170,834,341	8,752	3,549,662	49,197,557	73.00
74.00	07400	RENAL DIALYSIS	0.523404	936,860	0	0	490,356	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680723	6,693,255	32	0	4,556,253	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.556536	1,345,289	0	0	748,702	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.603005	127,647,218	94,087	1,625	76,971,911	90.00
91.00	09100	EMERGENCY	0.119539	53,830,767	0	58	6,434,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		930,067,176	393,503	3,551,345	223,024,533	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		930,067,176	393,503	3,551,345	223,024,533	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
		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	38,388	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	6,089	0	60.00
60.01	06001 VASCULAR LAB	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,189	0	63.00
64.00	06400 INTRAVENOUS THERAPY	8	0	64.00
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 PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,520	1,022,246	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	22	0	75.00
76.00	03950 BLANK	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	56,735	980	90.00
91.00	09100 EMERGENCY	0	7	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	104,951	1,023,233	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	104,951	1,023,233	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/19/2018 10:13 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,496,157	394,516,404	0.024070	0	0	50.00
51.00	05100	RECOVERY ROOM	1,410,607	85,880,281	0.016425	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,050,822	53,168,889	0.038572	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,178,122	68,443,427	0.017213	142,466	2,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,752,125	272,691,442	0.032095	16,695	536	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,580,279	86,407,005	0.018289	0	0	55.00
56.00	05600	RADIOISOTOPE	1,902,283	78,160,474	0.024338	5,401	131	56.00
57.00	05700	CT SCAN	1,617,152	276,983,954	0.005838	88,887	519	57.00
58.00	05800	MRI	4,283,218	186,142,167	0.023010	63,864	1,470	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,270,257	82,199,963	0.015453	0	0	59.00
60.00	06000	LABORATORY	5,441,294	430,290,530	0.012646	477,929	6,044	60.00
60.01	06001	VASCULAR LAB	283,662	29,751,325	0.009534	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	237,356	9,472,434	0.025058	235	6	63.00
64.00	06400	INTRAVENOUS THERAPY	172,170	11,843,383	0.014537	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	655,537	59,509,375	0.011016	13,610	150	65.00
66.00	06600	PHYSICAL THERAPY	2,882,334	93,799,793	0.030729	11,047	339	66.00
67.00	06700	OCCUPATIONAL THERAPY	240,915	13,314,024	0.018095	3,259	59	67.00
68.00	06800	SPEECH PATHOLOGY	117,624	5,508,843	0.021352	1,085	23	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,616	164,028,468	0.008801	57,730	508	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	469,877	12,880,149	0.036481	2,394	87	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,861	146,183,127	0.015411	3,333	51	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,187,104	243,382,233	0.013095	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,311,271	507,449,724	0.008496	547,850	4,655	73.00
74.00	07400	RENAL DIALYSIS	184,029	6,369,730	0.028891	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,615,738	23,039,400	0.070129	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	227,283	2,519,367	0.090214	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,366,636	285,462,909	0.050328	91,362	4,598	90.00
91.00	09100	EMERGENCY	2,877,169	291,782,517	0.009861	684,962	6,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	81,799,744	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	74,507,498	4,002,981,081		2,212,109	28,382	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	27,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	404,284	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,746,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,178,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col 5 ÷ col 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	394,516,404	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	85,880,281	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	53,168,889	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	27,628	27,628	68,443,427	0.000404	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	272,691,442	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	86,407,005	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	78,160,474	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	276,983,954	0.000000	57.00
58.00	05800 MRI	0	0	0	186,142,167	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	82,199,963	0.000000	59.00
60.00	06000 LABORATORY	0	404,284	404,284	430,290,530	0.000940	60.00
60.01	06001 VASCULAR LAB	0	0	0	29,751,325	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,472,434	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	11,843,383	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	59,509,375	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	93,799,793	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,314,024	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,508,843	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	164,028,468	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,880,149	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	146,183,127	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,382,233	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,746,800	1,746,800	507,449,724	0.003442	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,369,730	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	23,039,400	0.000000	75.00
76.00	03950 BLANK	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,519,367	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	285,462,909	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	291,782,517	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	81,799,744	0.000000	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)	0	2,178,712	2,178,712	4,002,981,081		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000404	142,466	58	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,695	0	1,656	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	5,401	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	88,887	0	0	0	57.00
58.00	05800 MRI	0.000000	63,864	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000940	477,929	449	2,065	2	60.00
60.01	06001 VASCULAR LAB	0.000000	0	0	461	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	235	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,610	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	11,047	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,259	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,085	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	57,730	0	1,180	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,394	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,333	0	102	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003442	547,850	1,886	744	3	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	91,362	0	1,085	0	90.00
91.00	09100 EMERGENCY	0.000000	684,962	0	12,341	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		2,212,109	2,393	19,634	5	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.152863	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.121194	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.314197	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.141268	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.223207	1,656	0	0	370	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.127198	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.139309	0	0	0	0	56.00
57.00 05700 CT SCAN	0.035619	0	0	0	0	57.00
58.00 05800 MRI	0.077502	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.096048	0	0	0	0	59.00
60.00 06000 LABORATORY	0.170213	2,065	0	0	351	60.00
60.01 06001 VASCULAR LAB	0.108206	461	0	0	50	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.320394	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.331888	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.197740	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.412838	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.326022	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.320849	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.064881	1,180	0	0	77	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.276634	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	102	0	0	44	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.343454	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.287984	744	0	0	214	73.00
74.00 07400 RENAL DIALYSIS	0.523404	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.680723	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.556536	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.603005	1,085	0	0	654	90.00
91.00 09100 EMERGENCY	0.119539	12,341	0	0	1,475	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		19,634	0	3,235	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		19,634	0	3,235	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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 PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/19/2018 10:13 pm	
			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	9,496,157	394,516,404	0.024070	10,714	258	50.00
51.00	05100	RECOVERY ROOM	1,410,607	85,880,281	0.016425	2,611	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,050,822	53,168,889	0.038572	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,178,122	68,443,427	0.017213	8,750	151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,752,125	272,691,442	0.032095	84,969	2,727	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,580,279	86,407,005	0.018289	71,864	1,314	55.00
56.00	05600	RADIOISOTOPE	1,902,283	78,160,474	0.024338	7,663	187	56.00
57.00	05700	CT SCAN	1,617,152	276,983,954	0.005838	133,697	781	57.00
58.00	05800	MRI	4,283,218	186,142,167	0.023010	47,489	1,093	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,270,257	82,199,963	0.015453	27,793	429	59.00
60.00	06000	LABORATORY	5,441,294	430,290,530	0.012646	433,361	5,480	60.00
60.01	06001	VASCULAR LAB	283,662	29,751,325	0.009534	133,037	1,268	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	237,356	9,472,434	0.025058	14,462	362	63.00
64.00	06400	INTRAVENOUS THERAPY	172,170	11,843,383	0.014537	16,343	238	64.00
65.00	06500	RESPIRATORY THERAPY	655,537	59,509,375	0.011016	178,302	1,964	65.00
66.00	06600	PHYSICAL THERAPY	2,882,334	93,799,793	0.030729	1,140,793	35,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	240,915	13,314,024	0.018095	1,201,403	21,739	67.00
68.00	06800	SPEECH PATHOLOGY	117,624	5,508,843	0.021352	689,201	14,716	68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,616	164,028,468	0.008801	40,560	357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	469,877	12,880,149	0.036481	3,325	121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,252,861	146,183,127	0.015411	57,255	882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,187,104	243,382,233	0.013095	11,710	153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,311,271	507,449,724	0.008496	784,309	6,663	73.00
74.00	07400	RENAL DIALYSIS	184,029	6,369,730	0.028891	82,982	2,397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,615,738	23,039,400	0.070129	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	227,283	2,519,367	0.090214	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,366,636	285,462,909	0.050328	9,363	471	90.00
91.00	09100	EMERGENCY	2,877,169	291,782,517	0.009861	746	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	81,799,744	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	74,507,498	4,002,981,081		5,192,702	98,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	27,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	404,284	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,746,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,178,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	394,516,404	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	85,880,281	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	53,168,889	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	27,628	27,628	68,443,427	0.000404	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	272,691,442	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	86,407,005	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	78,160,474	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	276,983,954	0.000000	57.00
58.00 05800 MRI	0	0	0	186,142,167	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	82,199,963	0.000000	59.00
60.00 06000 LABORATORY	0	404,284	404,284	430,290,530	0.000940	60.00
60.01 06001 VASCULAR LAB	0	0	0	29,751,325	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,472,434	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	11,843,383	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	59,509,375	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	93,799,793	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,314,024	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,508,843	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	164,028,468	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,880,149	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	146,183,127	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,382,233	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,746,800	1,746,800	507,449,724	0.003442	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	6,369,730	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	23,039,400	0.000000	75.00
76.00 03950 BLANK	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,519,367	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	285,462,909	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	291,782,517	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	81,799,744	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00 Total (lines 50 through 199)	0	2,178,712	2,178,712	4,002,981,081		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	10,714	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,611	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000404	8,750	4	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	84,969	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	71,864	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	7,663	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	133,697	0	4,199	0	57.00
58.00	05800 MRI	0.000000	47,489	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	27,793	0	0	0	59.00
60.00	06000 LABORATORY	0.000940	433,361	407	1,403	1	60.00
60.01	06001 VASCULAR LAB	0.000000	133,037	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	14,462	0	4	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	16,343	0	766	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	178,302	0	2	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,140,793	0	1,959	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,201,403	0	2,041	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	689,201	0	1,086	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	40,560	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,325	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	57,255	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,710	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003442	784,309	2,700	490	2	73.00
74.00	07400 RENAL DIALYSIS	0.000000	82,982	0	512	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	9,363	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	746	0	2,968	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		5,192,702	3,111	15,430	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.152863	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.121194	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.314197	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.141268	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.223207	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.127198	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.139309	0	0	0	0	56.00
57.00 05700 CT SCAN	0.035619	4,199	0	0	150	57.00
58.00 05800 MRI	0.077502	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.096048	0	0	0	0	59.00
60.00 06000 LABORATORY	0.170213	1,403	0	0	239	60.00
60.01 06001 VASCULAR LAB	0.108206	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.320394	4	0	0	1	63.00
64.00 06400 INTRAVENOUS THERAPY	0.331888	766	0	0	254	64.00
65.00 06500 RESPIRATORY THERAPY	0.197740	2	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.412838	1,959	0	0	809	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.326022	2,041	0	0	665	67.00
68.00 06800 SPEECH PATHOLOGY	0.320849	1,086	0	0	348	68.00
69.00 06900 ELECTROCARDIOLOGY	0.064881	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.276634	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.343454	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.287984	490	0	0	141	73.00
74.00 07400 RENAL DIALYSIS	0.523404	512	0	0	268	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.680723	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.556536	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.603005	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.119539	2,968	0	0	355	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		15,430	0	3,230	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		15,430	0	3,230	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/19/2018 10:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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 PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	27,628	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	404,284	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,746,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,178,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col 5 ÷ col 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	394,516,404	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	85,880,281	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	53,168,889	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	27,628	27,628	68,443,427	0.000404	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	272,691,442	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	86,407,005	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	78,160,474	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	276,983,954	0.000000	57.00
58.00	05800 MRI	0	0	0	186,142,167	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	82,199,963	0.000000	59.00
60.00	06000 LABORATORY	0	404,284	404,284	430,290,530	0.000940	60.00
60.01	06001 VASCULAR LAB	0	0	0	29,751,325	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,472,434	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	11,843,383	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	59,509,375	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	93,799,793	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	13,314,024	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,508,843	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	164,028,468	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,880,149	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	146,183,127	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,382,233	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,746,800	1,746,800	507,449,724	0.003442	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,369,730	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	23,039,400	0.000000	75.00
76.00	03950 BLANK	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	2,519,367	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	285,462,909	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	291,782,517	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	81,799,744	0.000000	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)	0	2,178,712	2,178,712	4,002,981,081		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0010 Component CCN: 14-5855		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000404	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000940	0	0	0	0	60.00
60.01	06001 VASCULAR LAB	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003442	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm
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)		154,662	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		154,662	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)		125,185	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)		64,399	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)		162,492,405	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)		162,492,405	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)		162,492,405	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)		1,050.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		67,659,521	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)		67,659,521	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm		
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	33,948,806	17,120	1,982.99	8,038	15,939,274	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	13,255,017	10,023	1,322.46	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)				132,826,946		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				216,425,741		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)				7,248,537		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				9,883,489		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				17,132,026		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				199,293,715		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)				29,477		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,050.63		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				30,969,421		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm	
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	13,919,170	162,492,405	0.085660	30,969,421	2,652,841	90.00
91.00	Nursing School cost	0	162,492,405	0.000000	30,969,421	0	91.00
92.00	Allied health cost	0	162,492,405	0.000000	30,969,421	0	92.00
93.00	All other Medical Education	0	162,492,405	0.000000	30,969,421	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,899	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,899	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)		9,899	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,280	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)		9,812,281	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)		9,812,281	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)		9,812,281	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)		991.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,260,027	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)		2,260,027	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1	
				Component CCN: 14-S010		Date/Time Prepared: 2/19/2018 10:13 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					424,250		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,684,277		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)					203,034		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					30,775		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					233,809		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,450,468		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: 14-0010 Component CCN: 14-S010		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	881,498	9,812,281	0.089836	0	0	90.00
91.00	Nursing School cost	0	9,812,281	0.000000	0	0	91.00
92.00	Allied health cost	0	9,812,281	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,812,281	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm
		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)		4,555	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,555	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)		4,555	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,338	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)		4,198,691	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)		4,198,691	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)		4,198,691	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)		921.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,155,122	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)		2,155,122	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Component CCN: 14-T010				Date/Time Prepared: 2/19/2018 10:13 pm	
		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,569,580		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,724,702		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)					227,254		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					101,967		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					329,221		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,395,481		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: 14-0010 Component CCN: 14-T010		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm	
		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	442,731	4,198,691	0.105445	0	0	90.00
91.00	Nursing School cost	0	4,198,691	0.000000	0	0	91.00
92.00	Allied health cost	0	4,198,691	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,198,691	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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)			0 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)			0 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)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1
				Component CCN: 14-5855		Date/Time Prepared: 2/19/2018 10:13 pm
				Title XVIII	Skilled Nursing Facility	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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				0.00	71.00
72.00	Program routine service cost (line 9 x line 71)				0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)				0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00	Inpatient routine service cost per diem limitation				0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)				0	83.00
84.00	Program inpatient ancillary services (see instructions)				0	84.00
85.00	Utilization review - physician compensation (see instructions)				0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				0	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: 14-0010 Component CCN: 14-5855		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/19/2018 10:13 pm	
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		159,348,131	30.00
31.00	03100	INTENSIVE CARE UNIT		44,990,189	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152863	81,863,270	50.00
51.00	05100	RECOVERY ROOM	0.121194	17,208,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314197	91,743	52.00
53.00	05300	ANESTHESIOLOGY	0.141268	10,962,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224947	26,941,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.128638	1,094,012	55.00
56.00	05600	RADIOISOTOPE	0.140930	3,468,160	56.00
57.00	05700	CT SCAN	0.035619	36,469,989	57.00
58.00	05800	MRI	0.077502	9,673,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096115	22,465,837	59.00
60.00	06000	LABORATORY	0.171803	81,703,721	60.00
60.01	06001	VASCULAR LAB	0.108281	4,680,259	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320394	2,371,409	63.00
64.00	06400	INTRAVENOUS THERAPY	0.331888	6,075,535	64.00
65.00	06500	RESPIRATORY THERAPY	0.197740	25,550,525	65.00
66.00	06600	PHYSICAL THERAPY	0.413220	10,177,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326022	5,535,250	67.00
68.00	06800	SPEECH PATHOLOGY	0.320849	2,338,488	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064956	26,222,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276634	3,027,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	34,695,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343454	86,885,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287984	62,961,352	73.00
74.00	07400	RENAL DIALYSIS	0.523404	3,233,754	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680723	109,999	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.556536	2,172	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.603063	5,214,836	90.00
91.00	09100	EMERGENCY	0.119588	51,327,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		622,352,191	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)		622,352,191	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		5,329,146	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.152863	0	50.00
51.00	05100	RECOVERY ROOM	0.121194	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314197	0	52.00
53.00	05300	ANESTHESIOLOGY	0.141268	142,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224947	16,695	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.128638	0	55.00
56.00	05600	RADIOISOTOPE	0.140930	5,401	56.00
57.00	05700	CT SCAN	0.035619	88,887	57.00
58.00	05800	MRI	0.077502	63,864	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096115	0	59.00
60.00	06000	LABORATORY	0.171803	477,929	60.00
60.01	06001	VASCULAR LAB	0.108281	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.320394	235	63.00
64.00	06400	INTRAVENOUS THERAPY	0.331888	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.197740	13,610	65.00
66.00	06600	PHYSICAL THERAPY	0.413220	11,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326022	3,259	67.00
68.00	06800	SPEECH PATHOLOGY	0.320849	1,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064956	57,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276634	2,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	3,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.343454	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287984	547,850	73.00
74.00	07400	RENAL DIALYSIS	0.523404	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.680723	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.556536	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.603063	91,362	90.00
91.00	09100	EMERGENCY	0.119588	684,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,212,109	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,212,109	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,201,522		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.152863	10,714	1,638	50.00
51.00	05100 RECOVERY ROOM	0.121194	2,611	316	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.314197	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.141268	8,750	1,236	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224947	84,969	19,114	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.128638	71,864	9,244	55.00
56.00	05600 RADIOISOTOPE	0.140930	7,663	1,080	56.00
57.00	05700 CT SCAN	0.035619	133,697	4,762	57.00
58.00	05800 MRI	0.077502	47,489	3,680	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096115	27,793	2,671	59.00
60.00	06000 LABORATORY	0.171803	433,361	74,453	60.00
60.01	06001 VASCULAR LAB	0.108281	133,037	14,405	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.320394	14,462	4,634	63.00
64.00	06400 INTRAVENOUS THERAPY	0.331888	16,343	5,424	64.00
65.00	06500 RESPIRATORY THERAPY	0.197740	178,302	35,257	65.00
66.00	06600 PHYSICAL THERAPY	0.413220	1,140,793	471,398	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.326022	1,201,403	391,684	67.00
68.00	06800 SPEECH PATHOLOGY	0.320849	689,201	221,129	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064956	40,560	2,635	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.276634	3,325	920	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.433883	57,255	24,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.343454	11,710	4,022	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287984	784,309	225,868	73.00
74.00	07400 RENAL DIALYSIS	0.523404	82,982	43,433	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.680723	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.556536	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.603063	9,363	5,646	90.00
91.00	09100 EMERGENCY	0.119588	746	89	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.378600	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,192,702	1,569,580	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)		5,192,702		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/19/2018 10:13 pm
		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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		153,259,346	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)		3,495,091	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		26,774,810	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		628.17	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)		170.74	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		170.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		197.10	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.24	11.00
12.00	Current year allowable FTE (see instructions)		175.98	12.00
13.00	Total allowable FTE count for the prior year.		175.58	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.		174.88	14.00
15.00	Sum of lines 12 through 14 divided by 3.		175.48	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		175.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.279351	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.281586	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.279351	21.00
22.00	IME payment adjustment (see instructions)		21,707,960	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,792,438	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		26.36	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)		21,707,960	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,792,438	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.04	31.00
32.00	Sum of lines 30 and 31		16.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.42	33.00
34.00	Disproportionate share adjustment (see instructions)		1,310,368	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/19/2018 10:13 pm	
		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)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,514,953	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,514,953	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,514,953		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)		184,287,718		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)			188,080,156	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			14,823,292	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).			5,551,113	52.00
53.00	Nursing and Allied Health Managed Care payment			136,161	53.00
54.00	Special add-on payments for new technologies			8,273	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)			297,943	58.00
59.00	Total (sum of amounts on lines 49 through 58)			208,896,938	59.00
60.00	Primary payer payments			64,023	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			208,832,915	61.00
62.00	Deductibles billed to program beneficiaries			15,696,548	62.00
63.00	Coinsurance billed to program beneficiaries			331,450	63.00
64.00	Allowable bad debts (see instructions)			1,228,388	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			798,452	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			738,178	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			193,603,369	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			4,216	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			465,351	70.93
70.94	HRR adjustment amount (see instructions)			-76,633	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/19/2018 10:13 pm	
		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)			193,987,871	71.00
71.01	Sequestration adjustment (see instructions)			3,879,757	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			190,385,929	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-277,815	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,171,312	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	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	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0010		Period: From 10/01/2016 To 09/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/19/2018 10:13 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	153,259,346		153,259,346	153,259,346	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,495,091	0	3,495,091	3,495,091	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	26,774,810	0	26,774,810	26,774,810	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.279351	0.279351	0.279351		5.00
6.00	IME payment adjustment (see instructions)	22.00	21,707,960	0	21,707,960	21,707,960	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,792,438	0	3,792,438	3,792,438	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	21,707,960	0	21,707,960	21,707,960	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,792,438	0	3,792,438	3,792,438	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0342	0.0342	0.0342		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,310,368	0	1,310,368	1,310,368	11.00
11.01	Uncompensated care payments	36.00	4,514,953	0	4,514,953	4,514,953	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	184,287,718	0	184,287,718	184,287,718	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	188,080,156	0	188,080,156	188,080,156	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	14,823,292	0	14,823,292	14,823,292	16.00
17.00	Special add-on payments for new technologies	54.00	8,273	0	8,273	8,273	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	4,216	0	4,216	4,216	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	202,915,937	202,915,937	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/19/2018 10:13 pm
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	12,404,740	0	12,404,740	12,404,740	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	461,084	0	461,084	461,084	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	0.1240	0.1240	0.1240		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,538,188	0	1,538,188	1,538,188	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0338	0.0338	0.0338		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	419,280	0	419,280	419,280	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,823,292	0	14,823,292	14,823,292	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	465,351	0	465,351	465,351	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	-76,633	0	-76,633	-76,633	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: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,128,184	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		222,357,234	2.00
3.00	OPPS payments		193,948,049	3.00
4.00	Outlier payment (see instructions)		1,223,345	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		667,299	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,128,184	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,944,848	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)		3,944,848	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)		3,944,848	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,816,664	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) (see instructions)		1,128,184	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		195,838,693	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		68,342	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		38,707,978	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)		158,190,557	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,585,569	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)		163,776,126	30.00
31.00	Primary payer payments		8,511	31.00
32.00	Subtotal (line 30 minus line 31)		163,767,615	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,377,569	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,545,420	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,529,020	36.00
37.00	Subtotal (see instructions)		165,313,035	37.00
38.00	MSP-LCC reconciliation amount from PS&R		30	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,198	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		165,313,005	40.00
40.01	Sequestration adjustment (see instructions)		3,306,260	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		161,867,586	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		139,159	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,424,431	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,230	2.00
3.00	OPPS payments		2,768	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		5	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		2,773	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)		554	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)		2,219	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)		2,219	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,219	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,219	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,219	40.00
40.01	Sequestration adjustment (see instructions)		44	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,170	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,227	2.00
3.00	OPPS payments		2,271	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		2,274	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)		454	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)		1,820	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)		1,820	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,820	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,820	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,820	40.00
40.01	Sequestration adjustment (see instructions)		36	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,780	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4	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: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2018 10:13 pm

		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		189,991,782		161,541,263	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	06/22/2017	398,670	06/22/2017	418,283	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	09/14/2017	4,523	09/14/2017	91,960	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)		394,147		326,323	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)		190,385,929		161,867,586	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		139,159	6.01	
6.02	SETTLEMENT TO PROGRAM		277,815		0	6.02	
7.00	Total Medicare program liability (see instructions)		190,108,114		162,006,745	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: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part I Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII		Subprovider - IPF	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,966,857		2,170
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		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/22/2017	5,175		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)		5,175		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)		1,972,032		2,170
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
5.02			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)				6.00
6.01	SETTLEMENT TO PROVIDER		53,752		5
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,025,784		2,175
				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: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part I Date/Time Prepared: 2/19/2018 10:13 pm	
		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				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		3,765,780		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		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	06/22/2017	56,647		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-56,647		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,709,133		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		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		85,719		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		3,794,852		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
				1.00	2.00
		0			
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part II Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,025,466 1.00
2.00	Net IPF PPS Outlier Payments			2,550 2.00
3.00	Net IPF PPS ECT Payments			65,166 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.35 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.35 8.00
9.00	Average Daily Census (see instructions)			27.120548 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.079623 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			161,274 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,254,456 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,254,456 16.00
17.00	Primary payer payments			7,675 17.00
18.00	Subtotal (line 16 less line 17).			2,246,781 18.00
19.00	Deductibles			198,744 19.00
20.00	Subtotal (line 18 minus line 19)			2,048,037 20.00
21.00	Coinsurance			41,790 21.00
22.00	Subtotal (line 20 minus line 21)			2,006,247 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			89,980 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			58,487 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			58,994 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,064,734 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,393 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,067,127 31.00
31.01	Sequestration adjustment (see instructions)			41,343 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,972,032 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			53,752 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			2,550 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part III Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,474,862 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0311 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			129,265 3.00
4.00	Outlier Payments			17,818 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)			2.81 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)			1.00 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)			1.00 9.00
10.00	Average Daily Census (see instructions)			12.479452 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.081490 11.00
12.00	Teaching Adjustment (see instructions)			283,167 12.00
13.00	Total PPS Payment (see instructions)			3,905,112 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,905,112 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,905,112 19.00
20.00	Deductibles			26,124 20.00
21.00	Subtotal (line 19 minus line 20)			3,878,988 21.00
22.00	Coinurance			13,993 22.00
23.00	Subtotal (line 21 minus line 22)			3,864,995 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,449 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,192 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)			3,869,187 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)			3,111 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,872,298 32.00
32.01	Sequestration adjustment (see instructions)			77,446 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,709,133 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			85,719 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			17,818 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/19/2018 10:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			204.31	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	97.73	90.52	188.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	85.88	79.54	165.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.87		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.24		10.01
11.00	Total weighted FTE count	85.88	84.41		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	76.61	84.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	84.88	86.45		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	82.46	85.03		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	82.46	85.03		17.00
18.00	Per resident amount	130,903.00	123,134.05		18.00
19.00	Approved amount for resident costs	10,794,261	10,470,088	21,264,349	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			24.78	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,264,349	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	77,055	13,362		26.00
27.00	Total Inpatient Days (see instructions)	169,037	169,037		27.00
28.00	Ratio of inpatient days to total inpatient days	0.455847	0.079048		28.00
29.00	Program direct GME amount	9,693,290	1,680,904		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		237,512		30.00
31.00	Net Program direct GME amount			11,136,682	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,369,730	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		222,834,720	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		71,698	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		222,763,022	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		224,159,182	42.00
43.00	Primary payer payments (see instructions)		13,199	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		224,145,983	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		446,909,005	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.498453	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.501547	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		11,136,682	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,551,113	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,585,569	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet G
Date/Time Prepared:
2/19/2018 10:13 pm

		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	56,461,703	0	0	0	1.00
2.00	Temporary investments	51,854,901	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	369,711,321	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-97,579,120	0	0	0	6.00
7.00	Inventory	18,505,645	0	0	0	7.00
8.00	Prepaid expenses	42,025,198	0	0	0	8.00
9.00	Other current assets	3,226,000	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)	444,205,648	0	0	0	11.00
FIXED ASSETS						
12.00	Land	71,514,092	0	0	0	12.00
13.00	Land improvements	35,959,015	0	0	0	13.00
14.00	Accumulated depreciation	-23,399,057	0	0	0	14.00
15.00	Buildings	1,552,035,993	0	0	0	15.00
16.00	Accumulated depreciation	-700,741,648	0	0	0	16.00
17.00	Leasehold improvements	57,069,200	0	0	0	17.00
18.00	Accumulated depreciation	-43,449,053	0	0	0	18.00
19.00	Fixed equipment	358,089,937	0	0	0	19.00
20.00	Accumulated depreciation	-282,484,015	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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	70,168,076	0	0	0	27.00
28.00	Accumulated depreciation	-45,552,502	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)	1,049,210,038	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,902,583,368	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	225,871,155	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,128,454,523	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,621,870,209	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	78,720,791	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	600,258,741	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	678,979,532	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	671,011,652	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	671,011,652	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,349,991,184	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,271,879,025	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,271,879,025	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,621,870,209	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-1

Date/Time Prepared:
2/19/2018 10:13 pm

		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		2,046,772,979			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		202,252,046				2.00
3.00	Total (sum of line 1 and line 2)		2,249,025,025			0	3.00
4.00	CONTR TEMP RESTRICTED FOR USE	8,271,000		0		0	4.00
5.00	NET REALIZED GAINS ON INV	2,059,000		0		0	5.00
6.00	UNREALIZED INCOME	15,572,000		0		0	6.00
7.00	PENSION & SERP EQUITY ADJ	10,898,000		0		0	7.00
8.00	TRFS TO FIN PROP & EQUIP	100,000		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		36,900,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		2,285,925,025			0	11.00
12.00	OTHER TRANSFERS	1,096,000		0		0	12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	12,950,000		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		14,046,000			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,271,879,025			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	CONTR TEMP RESTRICTED FOR USE		0				4.00
5.00	NET REALIZED GAINS ON INV		0				5.00
6.00	UNREALIZED INCOME		0				6.00
7.00	PENSION & SERP EQUITY ADJ		0				7.00
8.00	TRFS TO FIN PROP & EQUIP		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	OTHER TRANSFERS		0				12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		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: 14-0010

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	295,218,600		295,218,600	1.00
2.00	SUBPROVIDER - IPF	22,470,352		22,470,352	2.00
3.00	SUBPROVIDER - IRF	8,190,657		8,190,657	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	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)	325,879,609		325,879,609	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	88,238,948		88,238,948	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	49,614,960		49,614,960	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	137,853,908		137,853,908	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	463,733,517		463,733,517	17.00
18.00	Ancillary services	1,205,785,446	2,230,859,189	3,436,644,635	18.00
19.00	Outpatient services	68,145,248	808,113,277	876,258,525	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		18,788,377	18,788,377	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	0	11,775,949	11,775,949	26.00
27.00	OTHER PHYSICIAN REVENUE	0	83,285,996	83,285,996	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,737,664,211	3,152,822,788	4,890,486,999	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,452,437,261		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	25,823,442			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENSES	7,184,375			31.00
32.00	ROUNDING	10			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)		33,007,827		36.00
37.00	INDIRECT OPERATING EXPENSES (HOSP, R	16,092,538			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)		16,092,538		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,469,352,550		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet G-3 Date/Time Prepared: 2/19/2018 10:13 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		4,890,486,999	1.00
2.00	Less contractual allowances and discounts on patients' accounts		3,380,376,405	2.00
3.00	Net patient revenues (line 1 minus line 2)		1,510,110,594	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		1,469,352,550	4.00
5.00	Net income from service to patients (line 3 minus line 4)		40,758,044	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		5,280,954	6.00
7.00	Income from investments		48,134,545	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		1,474,329	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		5,130,413	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		23,791	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		1,198,231	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		1,054,806	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		30,768,646	22.00
23.00	Governmental appropriations		0	23.00
24.00	LAB REF TEST, GRANT INC, EPIC INDE R		10,490,481	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE		28,406,293	24.01
24.02	NON OPERATING INCOME		122,141,270	24.02
25.00	Total other income (sum of lines 6-24)		254,103,759	25.00
26.00	Total (line 5 plus line 25)		294,861,803	26.00
27.00	INTERCOMPANY TRANSFER		92,609,757	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		92,609,757	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		202,252,046	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet H

HHA CCN: 14-7001

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	242,822	0	0	242,822	4.00
5.00	Administrative and General	3,266,474	801,295	0	410,578	4,478,347	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,438,255	598,778	0	0	3,037,033	6.00
7.00	Physical Therapy	2,360,551	579,696	0	0	2,940,247	7.00
8.00	Occupational Therapy	297,729	73,115	0	0	370,844	8.00
9.00	Speech Pathology	62,599	15,373	0	0	77,972	9.00
10.00	Medical Social Services	73,137	17,961	0	0	91,098	10.00
11.00	Home Health Aide	69,602	17,093	0	0	86,695	11.00
12.00	Supplies (see instructions)	0	0	0	247,859	247,859	12.00
13.00	Drugs	0	0	0	257,794	257,794	13.00
14.00	DME	42,390	10,410	0	2,207,683	2,260,483	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	303,092	303,092	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,610,737	2,113,721	242,822	3,427,006	14,394,286	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	242,822	0	242,822		4.00
5.00	Administrative and General	0	4,478,347	-1,569	4,476,778		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,037,033	0	3,037,033		6.00
7.00	Physical Therapy	0	2,940,247	0	2,940,247		7.00
8.00	Occupational Therapy	0	370,844	0	370,844		8.00
9.00	Speech Pathology	0	77,972	0	77,972		9.00
10.00	Medical Social Services	0	91,098	0	91,098		10.00
11.00	Home Health Aide	0	86,695	0	86,695		11.00
12.00	Supplies (see instructions)	0	247,859	0	247,859		12.00
13.00	Drugs	0	257,794	0	257,794		13.00
14.00	DME	0	2,260,483	0	2,260,483		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	303,092	0	303,092		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	14,394,286	-1,569	14,392,717		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0010 HHA CCN: 14-7001		Period: From 10/01/2016 To 09/30/2017		Worksheet H-1 Part I Date/Time Prepared: 2/19/2018 10:13 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	242,822	0	0	242,822	0	4.00
5.00	Administrative and General	4,476,778	0	0	0	4,476,778	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,037,033	0	0	112,530	3,149,563	6.00
7.00	Physical Therapy	2,940,247	0	0	102,876	3,043,123	7.00
8.00	Occupational Therapy	370,844	0	0	14,050	384,894	8.00
9.00	Speech Pathology	77,972	0	0	3,230	81,202	9.00
10.00	Medical Social Services	91,098	0	0	2,070	93,168	10.00
11.00	Home Health Aide	86,695	0	0	8,066	94,761	11.00
12.00	Supplies (see instructions)	247,859	0	0	0	247,859	12.00
13.00	Drugs	257,794	0	0	0	257,794	13.00
14.00	DME	2,260,483	0	0	0	2,260,483	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	303,092	0	0	0	303,092	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	14,392,717	0	0	242,822	14,392,717	24.00
	Administrative & General		Total (cols. 4A + 5)				
	5.00		6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	4,476,778					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,421,941	4,571,504				6.00
7.00	Physical Therapy	1,373,888	4,417,011				7.00
8.00	Occupational Therapy	173,769	558,663				8.00
9.00	Speech Pathology	36,661	117,863				9.00
10.00	Medical Social Services	42,063	135,231				10.00
11.00	Home Health Aide	42,782	137,543				11.00
12.00	Supplies (see instructions)	111,902	359,761				12.00
13.00	Drugs	116,387	374,181				13.00
14.00	DME	1,020,547	3,281,030				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	136,838	439,930				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		14,392,717				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet H-1

HHA CCN: 14-7001

To 09/30/2017

Part II
Date/Time Prepared:
2/19/2018 10:13 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,673,115	0		3.00
4.00	Transportation (see instructions)	0	0	0	40,822		4.00
5.00	Administrative and General	0	0	0	0	-4,476,778	9,915,939
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,037,033	18,918	0	3,149,563
7.00	Physical Therapy	0	0	2,940,247	17,295	0	3,043,123
8.00	Occupational Therapy	0	0	370,844	2,362	0	384,894
9.00	Speech Pathology	0	0	77,972	543	0	81,202
10.00	Medical Social Services	0	0	91,098	348	0	93,168
11.00	Home Health Aide	0	0	86,694	1,356	0	94,761
12.00	Supplies (see instructions)	0	0	247,859	0	0	247,859
13.00	Drugs	0	0	257,794	0	0	257,794
14.00	DME	0	0	2,260,482	0	0	2,260,483
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	303,092	0	0	303,092
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	9,673,115	40,822	-4,476,778	9,915,939
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	242,822		4,476,778
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	5.948312		0.451473

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0010	Period: From 10/01/2016	Worksheet H-2
		HHA CCN: 14-7001	To 09/30/2017	Part I
				Date/Time Prepared: 2/19/2018 10:13 pm
			Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	67,945	2,859	94,098	164,902	35,376	1.00
2.00 Skilled Nursing Care	4,571,504	59,459	2,503	70,239	4,703,705	1,009,081	2.00
3.00 Physical Therapy	4,417,011	38,235	1,609	68,000	4,524,855	970,713	3.00
4.00 Occupational Therapy	558,663	4,623	195	8,577	572,058	122,723	4.00
5.00 Speech Pathology	117,863	897	37	1,803	120,600	25,872	5.00
6.00 Medical Social Services	135,231	1,561	66	2,107	138,965	29,812	6.00
7.00 Home Health Aide	137,543	3,336	141	2,005	143,025	30,683	7.00
8.00 Supplies (see instructions)	359,761	0	0	0	359,761	77,179	8.00
9.00 Drugs	374,181	0	0	0	374,181	80,273	9.00
10.00 DME	3,281,030	1,561	66	1,221	3,283,878	704,487	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	439,930	0	0	0	439,930	94,378	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	14,392,717	177,617	7,476	248,050	14,825,860	3,180,577	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	158,491	0	37,079	0	22,286	1.00
2.00 Skilled Nursing Care	0	138,695	0	32,450	0	19,503	2.00
3.00 Physical Therapy	0	89,187	0	20,867	0	12,542	3.00
4.00 Occupational Therapy	0	10,784	0	2,523	0	1,515	4.00
5.00 Speech Pathology	0	2,093	0	490	0	293	5.00
6.00 Medical Social Services	0	3,640	0	852	0	513	6.00
7.00 Home Health Aide	0	7,781	0	1,821	0	1,093	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	3,640	0	852	0	513	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	414,311	0	96,934	0	58,258	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet H-2 Part I

HHA CCN: 14-7001

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

Home Health Agency I

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	120,043	1.00
2.00	Skilled Nursing Care	0	331,652	0	0	14,072	104,960	2.00
3.00	Physical Therapy	0	0	0	0	13,126	67,561	3.00
4.00	Occupational Therapy	0	0	0	0	1,674	8,143	4.00
5.00	Speech Pathology	0	0	0	0	384	1,659	5.00
6.00	Medical Social Services	0	0	0	0	273	2,714	6.00
7.00	Home Health Aide	0	0	0	0	510	5,881	7.00
8.00	Supplies (see instructions)	0	0	11,942	0	0	0	8.00
9.00	Drugs	0	0	0	82,828	3,202	0	9.00
10.00	DME	0	0	0	0	5,595	2,714	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	331,652	11,942	82,828	38,836	313,675	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
		SPECIFY SERVICE			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet H-2

HHA CCN: 14-7001

To 09/30/2017

Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Home Health Agency I

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Cost Center Description		PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	538,177	0	538,177		1.00
2.00	Skilled Nursing Care	0	0	6,354,118	0	6,354,118	181,735	2.00
3.00	Physical Therapy	0	0	5,698,851	0	5,698,851	162,993	3.00
4.00	Occupational Therapy	0	0	719,420	0	719,420	20,576	4.00
5.00	Speech Pathology	0	0	151,391	0	151,391	4,330	5.00
6.00	Medical Social Services	0	0	176,769	0	176,769	5,056	6.00
7.00	Home Health Aide	0	0	190,794	0	190,794	5,457	7.00
8.00	Supplies (see instructions)	0	0	448,882	0	448,882	12,838	8.00
9.00	Drugs	0	0	540,484	0	540,484	15,458	9.00
10.00	DME	0	0	4,001,679	0	4,001,679	114,452	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	534,308	0	534,308	15,282	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	19,354,873	0	19,354,873	538,177	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.028601	21.00
Cost Center Description		Total HHA Costs						
		28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	6,535,853						2.00
3.00	Physical Therapy	5,861,844						3.00
4.00	Occupational Therapy	739,996						4.00
5.00	Speech Pathology	155,721						5.00
6.00	Medical Social Services	181,825						6.00
7.00	Home Health Aide	196,251						7.00
8.00	Supplies (see instructions)	461,720						8.00
9.00	Drugs	555,942						9.00
10.00	DME	4,116,131						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	549,590						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	19,354,873						20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-2 Part II Date/Time Prepared: 2/19/2018 10:13 pm PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	3,483	2,909	3,266,474	0	164,902	0	1.00
2.00 Skilled Nursing Care	3,048	2,546	2,438,255	0	4,703,705	0	2.00
3.00 Physical Therapy	1,960	1,637	2,360,551	0	4,524,855	0	3.00
4.00 Occupational Therapy	237	198	297,729	0	572,058	0	4.00
5.00 Speech Pathology	46	38	62,599	0	120,600	0	5.00
6.00 Medical Social Services	80	67	73,138	0	138,965	0	6.00
7.00 Home Health Aide	171	143	69,602	0	143,025	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	359,761	0	8.00
9.00 Drugs	0	0	0	0	374,181	0	9.00
10.00 DME	80	67	42,389	0	3,283,878	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	439,930	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,105	7,605	8,610,737		14,825,860	0	20.00
21.00 Total cost to be allocated	177,617	7,476	248,050		3,180,577	0	21.00
22.00 Unit cost multiplier	19.507633	0.983037	0.028807		0.214529	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	3,483	0	3,483	0	82,339	0	1.00
2.00 Skilled Nursing Care	3,048	0	3,048	0	72,059	0	2.00
3.00 Physical Therapy	1,960	0	1,960	0	46,338	0	3.00
4.00 Occupational Therapy	237	0	237	0	5,596	0	4.00
5.00 Speech Pathology	46	0	46	0	1,081	0	5.00
6.00 Medical Social Services	80	0	80	0	1,897	0	6.00
7.00 Home Health Aide	171	0	171	0	4,040	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	80	0	80	0	1,897	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,105	0	9,105	0	215,247	0	20.00
21.00 Total cost to be allocated	414,311	0	96,934	0	58,258	0	21.00
22.00 Unit cost multiplier	45.503679	0.000000	10.646238	0.000000	0.270657	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-2 Part II Date/Time Prepared: 2/19/2018 10:13 pm PPS
		Home Health Agency I	

Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	0	0	0	796	0	1.00
2.00 Skilled Nursing Care	44	0	0	6,808,250	696	0	2.00
3.00 Physical Therapy	0	0	0	6,350,306	448	0	3.00
4.00 Occupational Therapy	0	0	0	809,783	54	0	4.00
5.00 Speech Pathology	0	0	0	185,581	11	0	5.00
6.00 Medical Social Services	0	0	0	132,164	18	0	6.00
7.00 Home Health Aide	0	0	0	246,767	39	0	7.00
8.00 Supplies (see instructions)	0	155,178	0	0	0	0	8.00
9.00 Drugs	0	0	558,109	1,548,919	0	0	9.00
10.00 DME	0	0	0	2,706,607	18	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	44	155,178	558,109	18,788,377	2,080	0	20.00
21.00 Total cost to be allocated	331,652	11,942	82,828	38,836	313,675	0	21.00
22.00 Unit cost multiplier	7,537.545455	0.076957	0.148408	0.002067	150.805288	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			23.01
	19.00	20.00	21.00	22.00	23.00	23.01	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-2 Part II Date/Time Prepared: 2/19/2018 10:13 pm PPS
		Home Health Agency I	

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

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-3 Part I Date/Time Prepared: 2/19/2018 10:13 pm
					Title XVIII	Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	6,535,853		6,535,853	32,083	203.72
2.00	Physical Therapy	3.00	5,861,844	0	5,861,844	29,920	195.92
3.00	Occupational Therapy	4.00	739,996	0	739,996	3,816	193.92
4.00	Speech Pathology	5.00	155,721	0	155,721	831	187.39
5.00	Medical Social Services	6.00	181,825		181,825	519	350.34
6.00	Home Health Aide	7.00	196,251		196,251	1,850	106.08
7.00	Total (sum of lines 1-6)		13,671,490	0	13,671,490	69,019	
Program Visits							
Part B							
Not Subject to Deductibles & Insurance							
Subject to Deductibles							
Cost Center Description							
Cost Limits		CBSA No. (1)		Part A		Part B	
0		1.00		2.00		3.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	14,615		8.00
8.01	Skilled Nursing Care		29404	0	4,720		8.01
9.00	Physical Therapy		16974	0	12,944		9.00
9.01	Physical Therapy		29404	0	4,670		9.01
10.00	Occupational Therapy		16974	0	1,878		10.00
10.01	Occupational Therapy		29404	0	554		10.01
11.00	Speech Pathology		16974	0	420		11.00
11.01	Speech Pathology		29404	0	132		11.01
12.00	Medical Social Services		16974	0	302		12.00
12.01	Medical Social Services		29404	0	60		12.01
13.00	Home Health Aide		16974	0	1,072		13.00
13.01	Home Health Aide		29404	0	317		13.01
14.00	Total (sum of lines 8-13)			0	41,684		14.00
Cost Center Description							
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)		Shared Ancillary Costs (from Part II)		Total HHA Costs (cols. 1 + 2)	
0		1.00		2.00		3.00	
						Total Charges (from HHA Records)	
						5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	461,720	0	461,720	0	0.000000
16.00	Cost of Drugs	9.00	555,942	0	555,942	0	0.000000
Program Visits							
Cost of Services							
Part B							
Not Subject to Deductibles & Insurance							
Subject to Deductibles & Insurance							
Cost Center Description							
Part A		Part B		Part A		Part B	
6.00		7.00		8.00		10.00	
						11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	19,335		0	3,938,926	1.00
2.00	Physical Therapy	0	17,614		0	3,450,935	2.00
3.00	Occupational Therapy	0	2,432		0	471,613	3.00
4.00	Speech Pathology	0	552		0	103,439	4.00
5.00	Medical Social Services	0	362		0	126,823	5.00
6.00	Home Health Aide	0	1,389		0	147,345	6.00
7.00	Total (sum of lines 1-6)	0	41,684		0	8,239,081	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0010	Period: From 10/01/2016	Worksheet H-3
				HHA CCN: 14-7001	To 09/30/2017	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 2/19/2018 10:13 pm
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	

Cost Center Description		Total Program Cost (sum of col.s. 9-10)	
		12.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,938,926					1.00
2.00	Physical Therapy	3,450,935					2.00
3.00	Occupational Therapy	471,613					3.00
4.00	Speech Pathology	103,439					4.00
5.00	Medical Social Services	126,823					5.00
6.00	Home Health Aide	147,345					6.00
7.00	Total (sum of lines 1-6)	8,239,081					7.00

Cost Center Description		12.00	

Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-3 Part II Date/Time Prepared: 2/19/2018 10:13 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.412838	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.326022	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.320849	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.433883	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.287984	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2016 To 09/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	11,849,457	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	11,849,457	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	11,849,457	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	4,688	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-4,688
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	8,094,274
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	158,616
13.00	Total PPS Reimbursement - LUPA Episodes		0	128,610
14.00	Total PPS Reimbursement - PEP Episodes		0	89,246
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	29,490
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,053
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	8,497,601
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	8,497,601
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	8,497,601
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	8,497,601
30.00	OTHER ADJUSTMENT		0	1,236
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	8,498,837
31.01	Sequestration adjustment (see instructions)		0	169,976
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	8,328,861
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0010
HHA CCN: 14-7001

Period: From 10/01/2016 To 09/30/2017

Worksheet H-5
Date/Time Prepared: 2/19/2018 10:13 pm
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		8,328,861	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,328,861	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		8,328,861	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	93,841	93,841	0	93,841	3.00
4.00	ADMINISTRATIVE & GENERAL*	570,008	46,039	616,047	0	616,047	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	138,192	138,192	0	138,192	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	407	407	0	407	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,315	8,315	0	8,315	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	116,090	116,090	0	116,090	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	65,963	16,187	82,150	0	82,150	13.00
14.00	PHARMACY*	0	27,358	27,358	0	27,358	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	119,017	119,017	0	119,017	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**	0	807,112	807,112	0	807,112	25.00
26.00	PHYSICIAN SERVICES**	242,185	33,925	276,110	0	276,110	26.00
27.00	NURSE PRACTITIONER**	35,908	8,812	44,720	0	44,720	27.00
28.00	REGISTERED NURSE**	1,176,112	288,616	1,464,728	0	1,464,728	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	295,866	72,605	368,471	0	368,471	33.00
34.00	SPIRITUAL COUNSELING**	151,556	37,192	188,748	0	188,748	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	488,247	488,247	0	488,247	38.00
39.00	PATIENT TRANSPORTATION**	0	28,581	28,581	0	28,581	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	177,856	692,121	869,977	0	869,977	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	96,976	24,298	121,274	0	121,274	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	1,041,559	192,818	1,234,377	0	1,234,377	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	38,166	38,166	0	38,166	71.00
100.00	TOTAL	3,853,989	3,277,939	7,131,928	0	7,131,928	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	93,841	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	616,047	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	138,192	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	407	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,315	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	116,090	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	82,150	13.00
14.00	PHARMACY*	0	27,358	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	119,017	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	807,112	25.00
26.00	PHYSICIAN SERVICES**	0	276,110	26.00
27.00	NURSE PRACTITIONER**	0	44,720	27.00
28.00	REGISTERED NURSE**	0	1,464,728	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	368,471	33.00
34.00	SPIRITUAL COUNSELING**	0	188,748	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	488,247	38.00
39.00	PATIENT TRANSPORTATION**	0	28,581	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	2,038	872,015	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	121,274	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	1,234,377	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	37,025	37,025	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	38,166	71.00
100.00	TOTAL	39,063	7,170,991	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2016 To 09/30/2017	Worksheet 0-2 Date/Time Prepared: 2/19/2018 10:13 pm
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	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	183,231	25,667	208,898	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,176,112	288,616	1,464,728	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	291,738	71,592	363,330	0	33.00
34.00	SPIRITUAL COUNSELING	151,556	37,192	188,748	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	488,247	488,247	0	38.00
39.00	PATIENT TRANSPORTATION	0	28,581	28,581	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	177,856	692,121	869,977	0	46.00
100.00	TOTAL *	1,980,493	1,632,016	3,612,509	0	100.00

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

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

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

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-3

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

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

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN			38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	2,038	2,038	46.00
100.00	TOTAL *	2,038	2,038	100.00

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

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-4

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared:
2/19/2018 10:13 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	807,112	807,112	0	807,112
26.00	PHYSICIAN SERVICES	58,954	8,258	67,212	0	67,212
27.00	NURSE PRACTITIONER	35,908	8,812	44,720	0	44,720
28.00	REGISTERED NURSE	0	0	0	0	0
29.00	LPN/LVN	0	0	0	0	0
30.00	PHYSICAL THERAPY	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES	4,128	1,013	5,141	0	5,141
34.00	SPIRITUAL COUNSELING	0	0	0	0	0
35.00	DIETARY COUNSELING	0	0	0	0	0
36.00	COUNSELING - OTHER	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0
39.00	PATIENT TRANSPORTATION	0	0	0	0	0
40.00	IMAGING SERVICES	0	0	0	0	0
41.00	LABS & DIAGNOSTICS	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0
43.00	OUTPATIENT SERVICES	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0
100.00	TOTAL *	98,990	825,195	924,185	0	924,185

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	807,112
26.00	PHYSICIAN SERVICES	0	67,212
27.00	NURSE PRACTITIONER	0	44,720
28.00	REGISTERED NURSE	0	0
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	5,141
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	924,185

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

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-5

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

Descriptions	Hospice I		TOTAL EXPENSES (sum of col.s. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	79,123	79,123	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	1,796	1,796	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	93,841	111,022	204,863	3.00
4.00 ADMINISTRATIVE & GENERAL	616,047	1,603,939	2,219,986	4.00
5.00 PLANT OPERATION & MAINTENANCE	138,192	184,563	322,755	5.00
6.00 LAUNDRY & LINEN SERVICE	407	0	407	6.00
7.00 HOUSEKEEPING	0	43,181	43,181	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	135,676	135,676	9.00
10.00 ROUTINE MEDICAL SUPPLIES	8,315	11,447	19,762	10.00
11.00 MEDICAL RECORDS	0	24,341	24,341	11.00
12.00 STAFF TRANSPORTATION	116,090		116,090	12.00
13.00 VOLUNTEER SERVICE COORDINATION	82,150		82,150	13.00
14.00 PHARMACY	27,358	79,458	106,816	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00 OTHER GENERAL SERVICE	119,017	0	119,017	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES		1,271,590	1,271,590	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	3,612,509		3,612,509	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,038		2,038	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	924,185		924,185	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	121,274		121,274	60.00
61.00 VOLUNTEER PROGRAM	0		0	61.00
62.00 FUNDRAISING	0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	1,234,377		1,234,377	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0	65.00
66.00 RESIDENTIAL CARE	0		0	66.00
67.00 ADVERTISING	0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0	68.00
69.00 THRIFT STORE	0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD	37,025		37,025	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	38,166		38,166	71.00
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	7,170,991	3,546,136	10,717,127	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Descriptions		Hospice I				SUBTOTAL	
		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	79,123	79,123				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,796		1,796			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	204,863	0	0	204,863		3.00
4.00	ADMINISTRATIVE & GENERAL	2,219,986	51,390	684	30,299	2,302,359	4.00
5.00	PLANT OPERATION & MAINTENANCE	322,755	0	0	0	322,755	5.00
6.00	LAUNDRY & LINEN SERVICE	407	0	0	0	407	6.00
7.00	HOUSEKEEPING	43,181	0	0	0	43,181	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	135,676	0	0	0	135,676	9.00
10.00	ROUTINE MEDICAL SUPPLIES	19,762	0	0	0	19,762	10.00
11.00	MEDICAL RECORDS	24,341	0	0	0	24,341	11.00
12.00	STAFF TRANSPORTATION	116,090	0	0	0	116,090	12.00
13.00	VOLUNTEER SERVICE COORDINATION	82,150	7,885	104	3,506	93,645	13.00
14.00	PHARMACY	106,816	0	0	0	106,816	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	119,017	0	0	0	119,017	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		1,271,590	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,612,509			105,276	3,717,785	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,038	0	0	0	2,038	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	924,185	5,075	67	5,262	934,589	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	121,274	11,510	152	5,155	138,091	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	1,234,377	3,263	789	55,365	1,293,794	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	37,025				37,025	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	38,166	0	0	0	38,166	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	10,717,127	79,123	1,796	204,863	10,717,127	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	2,302,359					4.00
5.00 PLANT OPERATION & MAINTENANCE	88,699	411,454				5.00
6.00 LAUNDRY & LINEN SERVICE	112	0	519			6.00
7.00 HOUSEKEEPING	11,867	0		55,048		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	37,286	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	5,431	0		0		10.00
11.00 MEDICAL RECORDS	6,689	0		0		11.00
12.00 STAFF TRANSPORTATION	31,904	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	25,735	116,982		15,651		13.00
14.00 PHARMACY	29,355	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	32,708	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	349,457	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,021,715					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	560	0	32	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	256,843	75,299	487	10,074	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	37,950	170,767		22,847		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	355,559	48,406		6,476		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	10,489	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0		0		99.00
100.00 TOTAL	2,302,359	411,454	519	55,048	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part I
Date/Time Prepared:
2/19/2018 10:13 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	172,962				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	25,193			10.00
11.00	MEDICAL RECORDS	0		31,030		11.00
12.00	STAFF TRANSPORTATION	0			147,994	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	172,962	24,305	29,936	147,994	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	55	68	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	833	1,026	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	172,962	25,193	31,030	147,994	252,013

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0010 Hospice CCN: 14-1522	Period: From 10/01/2016 To 09/30/2017	Worksheet 0-6 Part I Date/Time Prepared: 2/19/2018 10:13 pm
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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	136,171	0	0	0	136,171	15.00
16.00	0	0	151,725	0	151,725	16.00
17.00	0	0	0	1,621,047	1,621,047	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	136,171	0	113,793	0	5,616,674	51.00
52.00	0	0	0	100,322	103,075	52.00
53.00	0	0	3,035	1,520,725	2,802,911	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0	6,069	0	375,724	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	28,828	0	1,733,063	64.00
65.00	0	0	0	0	0	65.00
66.00	0	0	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	37,025	70.00
71.00	0	0	0	0	48,655	71.00
99.00	0	0	0	0	0	99.00
100.00	136,171	0	151,725	1,621,047	10,717,127	100.00

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

Provider CCN: 14-0010

Hospice CCN: 14-1522

Period:
From 10/01/2016
To 09/30/2017

Worksheet 0-6
Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	873					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		672				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,853,989			3.00
4.00	ADMINISTRATIVE & GENERAL	567	256	570,008	-2,302,359	8,377,743	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	322,755	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	407	6.00
7.00	HOUSEKEEPING	0	0	0	0	43,181	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	135,676	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	19,762	10.00
11.00	MEDICAL RECORDS	0	0	0	0	24,341	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	116,090	12.00
13.00	VOLUNTEER SERVICE COORDINATION	87	39	65,963	0	93,645	13.00
14.00	PHARMACY	0	0	0	0	106,816	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	119,017	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	1,271,590	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,980,492	0	3,717,785	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	2,038	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	56	25	98,991	0	934,589	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	127	57	96,976	0	138,091	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	36	295	1,041,559	0	1,293,794	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-37,025		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	38,166	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	79,123	1,796	204,863		2,302,359	100.00
101.00	UNIT COST MULTIPLIER	90.633448	2.672619	0.053156		0.274819	101.00

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	306					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,632				6.00
7.00	HOUSEKEEPING	0		306			7.00
8.00	DIETARY	0		0	1,632		8.00
9.00	NURSING ADMINISTRATION	0		0		18	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	87		87		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					18	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	101	0	101	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	56	1,531	56	1,531	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	127		127		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	36		36		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	411,454	519	55,048	0	172,962	100.00
101.00	UNIT COST MULTIPLIER	1,344.620915	0.318015	179.895425	0.000000	9,609.000000	101.00

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	46,306					10.00
11.00	MEDICAL RECORDS		46,306				11.00
12.00	STAFF TRANSPORTATION			212,093			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,080		13.00
14.00	PHARMACY					535,402	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE						16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	44,674	44,674	212,093	2,080	535,402	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	101	101	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,531	1,531	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	25,193	31,030	147,994	252,013	136,171	100.00
101.00	UNIT COST MULTIPLIER	0.544055	0.670108	0.697779	121.160096	0.254334	101.00

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1522

To 09/30/2017

Part II
Date/Time Prepared:
2/19/2018 10:13 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	44,674				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,632		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	44,674	75			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	101		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2	1,531		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		4			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		19			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	151,725	1,621,047		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1,517.250000	993.288603		101.00

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

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-7

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				0	1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	66.00	0.412838	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.326022	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.320849	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.287984	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.170213	0	0	0	6.00	
6.01	VASCULAR LAB	60.01	0.108206	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.433883	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.127198	0	0	0	9.00	
10.00	BLANK	76.00	0.000000	0	0	0	10.00	
10.97	CARDIAC REHABILITATION	76.97	0.556536	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (From Provider Records)	Shared Service Costs by LOC					
			HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)		HGIP (col. 1 x col. 5)
			5.00	6.00	7.00	8.00		9.00
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
6.01	VASCULAR LAB	0	0	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	BLANK	0	0	0	0	0	10.00	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period: From 10/01/2016

Worksheet 0-8

Hospice CCN: 14-1522

To 09/30/2017

Date/Time Prepared: 2/19/2018 10:13 pm

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,616,674	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			44,674	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			125.73	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	39,849	2,088		9.00
10.00	Program cost (line 8 times line 9)	5,010,215	262,524		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			103,075	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			101	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,020.54	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	70	4		14.00
15.00	Program cost (line 13 times line 14)	71,438	4,082		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,802,911	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,531	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,830.77	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,215	167		19.00
20.00	Program cost (line 18 times line 19)	2,224,386	305,739		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,522,660	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			46,306	22.00
23.00	Average cost per diem (line 21 divided by line 22)			184.05	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/19/2018 10:13 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,404,740	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		461,084	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)		423.52	3.00
4.00	Number of interns & residents (see instructions)		175.48	4.00
5.00	Indirect medical education percentage (see instructions)		12.40	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)		1,538,188	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.04	8.00
9.00	Sum of lines 7 and 8		16.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.38	10.00
11.00	Disproportionate share adjustment (see instructions)		419,280	11.00
12.00	Total prospective capital payments (see instructions)		14,823,292	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