

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: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 12:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2018 Time: 12:46 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT FRANCIS HOSPITAL (14-0080) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) FLAVIO MARIN
Officer or Administrator of Provider(s)

CFO LAKESHORE REGION
Title

05/29/2018 12:46:45 PM
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	379,298	95,796	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	379,298	95,796	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: 14-0080			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 12:45 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00			
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK			
		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		PRESENCE SAINT FRANCIS HOSPITAL	140080	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,019	599	0	0	7,886	0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 12:45 pm			
		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.	0	0	0	0	0			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 Criterion Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					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

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.96	37.74	0.024806	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00		3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907	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)			1.28	43.12	0.028829	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)	INTERNAL MEDICINE	1400	3.35	50.14	0.062629	67.00	
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 12:45 pm	
		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.	N			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:	0	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 12:45 pm							
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: PRESENCE HEALTH NETWORK	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131				141.00					
142.00	Street: 200 S WACKER DR	PO Box:						142.00					
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y								144.00					
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00					
N								146.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00					
N								147.00					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00					
N								148.00					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00					
N								149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
161.10	CORF	N		N		N		N		161.10			
161.20	OUTPATIENT PHYSICAL THERAPY	N		N		N		N		161.20			
161.30	OUTPATIENT OCCUPATIONAL THERAPY	N		N		N		N		161.30			
161.40	OUTPATIENT SPEECH PATHOLOGY	N		N		N		N		161.40			
Multi campus								1.00					
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.								165.00					
N								165.00					
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											166.00	
												0.00	166.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								1.00					
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								167.00					
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)								168.00					
0								168.00					
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01					
9.99								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)								169.00					
9.99								169.00					
		Beginning		Ending									
		1.00		2.00									
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00					
01/01/2017								170.00					
12/31/2017								170.00					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 12:45 pm
		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: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 12:45 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.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	05/11/2018	Y	05/11/2018		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: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 12:45 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				N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						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?			Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N			40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH		WINKLER			41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734		KWI NKLER@PRESENCEHEALTH.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 12:45 pm
		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.	SENIOR 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: 14-0080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	169	61,685	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)		169	61,685	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	3,650	0.00	0	9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		195	71,175	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		195				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,659	1,391	23,680			1.00
2.00 HMO and other (see instructions)	3,614	7,065				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,659	1,391	23,680			7.00
8.00 INTENSIVE CARE UNIT	1,594	167	3,817			8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	810	155	2,009			9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,470	2,005			13.00
14.00 Total (see instructions)	12,063	3,183	31,511	97.89	827.67	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				97.89	827.67	27.00
28.00 Observation Bed Days		1,358	4,460			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	256	372			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: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part I Date/Time Prepared: 5/29/2018 12:45 pm
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,710	512	7,278	1.00
2.00 HMO and other (see instructions)				783	1,366		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.02 SURGICAL HEART UNIT							9.02
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00		0	2,710	512	7,278	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 12:45 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	54,155,252	0	54,155,252	1,722,596.00	31.44
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		126,505	0	126,505	1,280.00	98.83
4.01	Physicians - Part A - Teaching		1,060,548	0	1,060,548	12,705.00	83.47
5.00	Physician and Non-Physician-Part B		69,082	0	69,082	424.00	162.93
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,933,141	0	4,933,141	180,266.00	27.37
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		349,654	0	349,654	9,437.00	37.05
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,373,621	0	3,373,621	90,490.00	37.28
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,168,842	0	11,168,842	276,780.00	40.35
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,706,822	0	12,706,822		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		87,279	0	87,279		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		24,083	0	24,083		
22.01	Physician Part A - Teaching		208,611	0	208,611		
23.00	Physician Part B		12,132	0	12,132		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		992,789	0	992,789		
25.50	Home office wage-related (core)		3,044,841	0	3,044,841		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	3,989,546	-204,789	3,784,757	80,681.00	46.91

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 12:45 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	
28.00	Administrative & General under contract (see inst.)		4,113,852	0	4,113,852	22,189.00	185.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,590,403	0	1,590,403	70,848.00	22.45	30.00
31.00	Laundry & Linen Service	8.00	114,060	0	114,060	7,347.00	15.52	31.00
32.00	Housekeeping	9.00	1,344,734	0	1,344,734	91,801.00	14.65	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,075,100	-865,348	209,752	14,599.00	14.37	34.00
35.00	Dietary under contract (see instructions)		719,965	0	719,965	14,352.00	50.16	35.00
36.00	Cafeteria	11.00	0	865,348	865,348	60,229.00	14.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,278,384	0	1,278,384	26,481.00	48.28	38.00
39.00	Central Services and Supply	14.00	206,729	0	206,729	12,215.00	16.92	39.00
40.00	Pharmacy	15.00	1,982,933	0	1,982,933	48,346.00	41.02	40.00
41.00	Medical Records & Medical Records Library	16.00	4,358	0	4,358	241.00	18.08	41.00
42.00	Social Service	17.00	0	204,789	204,789	6,002.00	34.12	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 12:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid 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)	52,926,298	0	52,926,298	1,565,742.00	33.80	1.00
2.00	Excluded area salaries (see instructions)	349,654	0	349,654	9,437.00	37.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,576,644	0	52,576,644	1,556,305.00	33.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,542,463	0	14,542,463	367,270.00	39.60	4.00
5.00	Subtotal wage-related costs (see inst.)	15,775,746	0	15,775,746	0.00	30.01	5.00
6.00	Total (sum of lines 3 thru 5)	82,894,853	0	82,894,853	1,923,575.00	43.09	6.00
7.00	Total overhead cost (see instructions)	16,420,064	0	16,420,064	455,331.00	36.06	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,164,416	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,997,237	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,914,652	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	141,486	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	31,036	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)	158,422	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	669,091	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,778,963	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	70,420	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	105,993	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,031,716	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 12:45 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,373,621	14,031,716	1.00
2.00	Hospital	3,373,621	14,031,716	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 12:45 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)		0.167659	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		21,661,167	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		14,244,781	5.00
6.00	Medicaid charges		220,372,228	6.00
7.00	Medicaid cost (line 1 times line 6)		36,947,387	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)		1,041,439	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		12,142	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,041,439	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)	16,236,613	336,148	16,572,761
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,722,214	336,148	3,058,362
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,722,214	336,148	3,058,362
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,163,773	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		610,265	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		938,869	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,224,904	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		869,288	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,927,650	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,969,089	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		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		4,455,673	4,455,673	1,803,410	6,259,083	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,271,938	7,271,938	2.00
3.00	00300	OTHER CAP REL COSTS		145,015	145,015	-145,015	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	-694,118	-694,118	8,916,379	8,222,261	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINITTING	0	326	326	0	326	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,989,546	37,704,954	41,694,500	-994,850	40,699,650	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,590,403	8,465,777	10,056,180	-3,031,979	7,024,201	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,060	555,149	669,209	-38,794	630,415	8.00
9.00	00900	HOUSEKEEPING	1,344,734	949,614	2,294,348	-485,728	1,808,620	9.00
10.00	01000	DIETARY	1,075,100	2,107,051	3,182,151	-2,605,521	576,630	10.00
11.00	01100	CAFETERIA	0	0	0	2,165,767	2,165,767	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,278,384	557,779	1,836,163	-183,646	1,652,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,729	264,670	471,399	-113,403	357,996	14.00
15.00	01500	PHARMACY	1,982,933	13,822,739	15,805,672	-13,451,946	2,353,726	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,358	37,586	41,944	-1,296	40,648	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	221,296	221,296	17.00
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	4,933,141	0	4,933,141	0	4,933,141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,397,031	4,857,299	6,254,330	-1,122,986	5,131,344	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	220,182	133,673	353,855	-42,331	311,524	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,553,032	4,552,382	16,105,414	-4,361,170	11,744,244	30.00
31.00	03100	INTENSIVE CARE UNIT	3,024,154	1,241,261	4,265,415	-522,542	3,742,873	31.00
32.02	03202	SURGICAL HEART UNIT	1,626,335	869,403	2,495,738	-437,906	2,057,832	32.02
43.00	04300	NURSERY	814,176	892,311	1,706,487	-117,395	1,589,092	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,609,811	10,695,581	14,305,392	-8,883,423	5,421,969	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	477,333	434,423	911,756	-173,609	738,147	50.02
50.03	05002	WOUND CARE CENTER	130,330	705,710	836,040	-25,977	810,063	50.03
51.00	05100	RECOVERY ROOM	1,705,144	484,676	2,189,820	-262,795	1,927,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,498,976	1,498,976	52.00
53.00	05300	ANESTHESIOLOGY	113,108	1,218,936	1,332,044	-68,912	1,263,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,579,454	1,454,981	4,034,435	-1,017,069	3,017,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	212,945	644,409	857,354	-126,151	731,203	55.00
56.00	05600	RADIOISOTOPE	186,888	282,849	469,737	-23,658	446,079	56.00
58.00	05800	MRI	241,048	393,356	634,404	-364,700	269,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	779,334	2,168,551	2,947,885	-1,928,663	1,019,222	59.00
60.00	06000	LABORATORY	0	7,273,007	7,273,007	-87,310	7,185,697	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	816,868	816,868	-2,286	814,582	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,247,162	1,617,793	2,864,955	-303,636	2,561,319	64.00
65.00	06500	RESPIRATORY THERAPY	968,251	529,599	1,497,850	-418,381	1,079,469	65.00
66.00	06600	PHYSICAL THERAPY	1,497,763	388,014	1,885,777	-217,964	1,667,813	66.00
69.00	06900	ELECTROCARDIOLOGY	610,568	176,381	786,949	-111,444	675,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,428	20,347	73,775	-16,222	57,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,393,438	7,393,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,177,738	3,177,738	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,888,343	13,888,343	73.00
73.02	07302	INPT RENAL DIALYSIS	0	541,316	541,316	-1,845	539,471	73.02
76.97	07697	CARDIAC REHABILITATION	112,371	25,820	138,191	-15,830	122,361	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	731,811	538,543	1,270,354	-229,747	1,040,607	90.01
91.00	09100	EMERGENCY	3,614,733	4,843,298	8,458,031	-1,070,108	7,387,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/29/2018 12:45 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		3,269,898	3,269,898	-3,269,898	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,025,780	119,442,900	173,468,680	61,149	173,529,829	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	679	27,186	27,865	-1,044	26,821	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	128,793	3,397,795	3,526,588	-60,105	3,466,483	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	54,155,252	122,867,881	177,023,133	0	177,023,133	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A
Date/Time Prepared:
5/29/2018 12:45 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	784,261	7,043,344	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,193	7,294,131	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	564,032	8,786,293	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	140,266	140,266	5.03
5.04	00570	ADMINISTRATIVE	1,557,168	1,557,494	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,335,938	2,335,938	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-5,697,008	35,002,642	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-24,018	7,000,183	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	630,415	8.00
9.00	00900	HOUSEKEEPING	-1,517	1,807,103	9.00
10.00	01000	DIETARY	0	576,630	10.00
11.00	01100	CAFETERIA	-739,402	1,426,365	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-710	1,651,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	753,958	1,111,954	14.00
15.00	01500	PHARMACY	-25,040	2,328,686	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,480,296	1,520,944	16.00
17.00	01700	SOCIAL SERVICE	0	221,296	17.00
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	4,933,141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,131,344	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-225,975	85,549	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-588	11,743,656	30.00
31.00	03100	INTENSIVE CARE UNIT	-125,000	3,617,873	31.00
32.02	03202	SURGICAL HEART UNIT	-125,000	1,932,832	32.02
43.00	04300	NURSERY	-696,170	892,922	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-99	5,421,870	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	738,147	50.02
50.03	05002	WOUND CARE CENTER	0	810,063	50.03
51.00	05100	RECOVERY ROOM	0	1,927,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,412	1,497,564	52.00
53.00	05300	ANESTHESIOLOGY	-814,346	448,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,007	3,012,359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-317,417	413,786	55.00
56.00	05600	RADIOISOTOPE	-2,550	443,529	56.00
58.00	05800	MRI	0	269,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	-226	1,018,996	59.00
60.00	06000	LABORATORY	154,907	7,340,604	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	814,582	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	-832,679	1,728,640	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,079,469	65.00
66.00	06600	PHYSICAL THERAPY	0	1,667,813	66.00
69.00	06900	ELECTROCARDIOLOGY	-70,693	604,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,393,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,177,738	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,888,343	73.00
73.02	07302	INPT RENAL DIALYSIS	0	539,471	73.02
76.97	07697	CARDIAC REHABILITATION	-8,552	113,809	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-46,088	994,519	90.01
91.00	09100	EMERGENCY	-2,640,928	4,746,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-4,607,406	168,922,423	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,821	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-109,880	3,356,603	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,717,286	172,305,847	200.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 12:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,269,898	1.00
	TOTALS		0	3,269,898	
B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,916,379	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	8,916,379	
C - SOCIOAL SERVICE					
1.00	SOCIAL SERVICE	17.00	204,789	16,507	1.00
	TOTALS		204,789	16,507	
D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,177,738	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
	TOTALS		0	3,177,738	
E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,888,343	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
	TOTALS		0	13,888,343	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,393,438	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 12:45 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	7,393,438	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,313,507	185,469	1.00
	TOTALS		1,313,507	185,469	
H - CAFETERIA					
1.00	CAFETERIA	11.00	865,348	1,300,419	1.00
	TOTALS		865,348	1,300,419	
I - ALLOCATED DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,687,893	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	5,687,893	
J - OFFSITE FACILITIES BLDG DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,542	1.00
2.00	OTHER NRCC	192.05	0	20,916	2.00
	TOTALS		0	27,458	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,207,527	1.00
	TOTALS		0	7,207,527	
500.00	Grand Total: Increases		2,383,644	51,071,069	500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 12:45 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,269,898	11		1.00
	TOTALS		0	3,269,898			
B - ALLOCATED BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	563,264	0		1.00
2.00	OPERATION OF PLANT	7.00	0	372,406	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	38,794	0		3.00
4.00	HOUSEKEEPING	9.00	0	481,178	0		4.00
5.00	DIETARY	10.00	0	392,474	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	139,868	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,985	0		7.00
8.00	PHARMACY	15.00	0	253,712	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,296	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,082,397	0		10.00
11.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	32,858	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,964,681	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	404,099	0		13.00
14.00	SURGICAL HEART UNIT	32.02	0	226,528	0		14.00
15.00	NURSERY	43.00	0	88,968	0		15.00
16.00	OPERATING ROOM	50.00	0	499,490	0		16.00
17.00	GASTROINTESTINAL SERVICES	50.02	0	62,568	0		17.00
18.00	WOUND CARE CENTER	50.03	0	21,503	0		18.00
19.00	RECOVERY ROOM	51.00	0	223,118	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	26,816	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	372,927	0		21.00
22.00	MRI	58.00	0	33,535	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,601	0		23.00
24.00	RADIOISOTOPE	56.00	0	22,770	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	200,865	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	172,825	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	190,363	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	77,710	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	102,055	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	13,973	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,288	0		31.00
32.00	OPD	90.01	0	113,410	0		32.00
33.00	EMERGENCY	91.00	0	627,789	0		33.00
34.00	OTHER NRCC	192.05	0	16,265	0		34.00
	TOTALS		0	8,916,379			
C - SOCOAL SERVICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	204,789	16,507	0		1.00
	TOTALS		204,789	16,507			
D - CHARGEABLE IMPLANTS							
1.00	CARDIAC CATHETERIZATION	59.00	0	250,409	0		1.00
2.00	EMERGENCY	91.00	0	14,588	0		2.00
3.00	GASTROINTESTINAL SERVICES	50.02	0	55	0		3.00
4.00	OPERATING ROOM	50.00	0	2,870,590	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,096	0		5.00
	TOTALS		0	3,177,738			
E - CHARGEABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	149,363	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	16,055	0		2.00
3.00	EMERGENCY	91.00	0	197,123	0		3.00
4.00	GASTROINTESTINAL SERVICES	50.02	0	17,397	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	51,310	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	47,443	0		6.00
7.00	MRI	58.00	0	29,249	0		7.00
8.00	RADIOISOTOPE	56.00	0	888	0		8.00
9.00	NURSERY	43.00	0	5,341	0		9.00
10.00	OPERATING ROOM	50.00	0	122,299	0		10.00
11.00	PHARMACY	15.00	0	13,162,991	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,625	0		12.00
13.00	RECOVERY ROOM	51.00	0	3,103	0		13.00
14.00	WOUND CARE CENTER	50.03	0	3,156	0		14.00
	TOTALS		0	13,888,343			
F - CHARGEABLE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	157,535	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	18,821	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,431,745	0		3.00
4.00	EMERGENCY	91.00	0	69,203	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 12:45 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	GASTRO INTESTINAL SERVICES	50.02	0	76,696	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	16,083	0	6.00	
7.00	INTRAVENOUS THERAPY	64.00	0	1,015	0	7.00	
8.00	OPD	90.01	0	68,838	0	8.00	
9.00	OPERATING ROOM	50.00	0	5,114,177	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	219	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	239,990	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	199,116	0	12.00	
	TOTALS		0	7,393,438			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,313,507	185,469	0	1.00	
	TOTALS		1,313,507	185,469			
H - CAFETERIA							
1.00	DIETARY	10.00	865,348	1,300,419	0	1.00	
	TOTALS		865,348	1,300,419			
I - ALLOCATED DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	210,290	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,659,573	9	2.00	
3.00	HOUSEKEEPING	9.00	0	4,550	9	3.00	
4.00	DIETARY	10.00	0	47,280	9	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	43,778	9	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	49,418	9	6.00	
7.00	PHARMACY	15.00	0	35,243	9	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40,589	9	8.00	
9.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	9,473	9	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	590,615	9	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	51,050	9	11.00	
12.00	SURGICAL HEART UNIT	32.02	0	211,378	9	12.00	
13.00	NURSERY	43.00	0	23,086	9	13.00	
14.00	OPERATING ROOM	50.00	0	276,867	9	14.00	
15.00	GASTRO INTESTINAL SERVICES	50.02	0	16,893	9	15.00	
16.00	WOUND CARE CENTER	50.03	0	1,318	9	16.00	
17.00	RECOVERY ROOM	51.00	0	36,574	9	17.00	
18.00	ANESTHESIOLOGY	53.00	0	23,275	9	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	279,431	9	19.00	
20.00	MRI	58.00	0	301,916	9	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	102,550	9	21.00	
22.00	LABORATORY	60.00	0	87,310	9	22.00	
23.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,286	9	23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	54,313	9	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	46,440	9	25.00	
26.00	PHYSICAL THERAPY	66.00	0	27,382	9	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	33,734	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	128,399	9	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	1,857	9	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,934	9	30.00	
31.00	INPT RENAL DIALYSIS	73.02	0	1,845	9	31.00	
32.00	OPD	90.01	0	47,499	9	32.00	
33.00	EMERGENCY	91.00	0	161,405	9	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,586	9	34.00	
35.00	OTHER NRCC	192.05	0	64,756	9	35.00	
36.00		0.00	0	0	9	36.00	
	TOTALS		0	5,687,893			
J - OFFSITE FACILITIES BLDG DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	27,458	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	27,458			
K - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,207,527	9	1.00	
	TOTALS		0	7,207,527			
500.00	Grand Total: Decreases		2,383,644	51,071,069		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,716,880	0	0	0	0	1.00
2.00	Land Improvements	794,530	0	0	0	0	2.00
3.00	Buildings and Fixtures	95,147,438	2,034,893	0	2,034,893	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	81,859,759	2,160,570	0	2,160,570	5,726,042	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	186,518,607	4,195,463	0	4,195,463	5,726,042	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	186,518,607	4,195,463	0	4,195,463	5,726,042	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,716,880	0				1.00
2.00	Land Improvements	794,530	0				2.00
3.00	Buildings and Fixtures	97,182,331	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	78,294,287	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	184,988,028	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	184,988,028	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 12:45 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	4,455,673	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,455,673	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	4,455,673				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,455,673				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 12:45 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	97,976,861	0	97,976,861	0.555830	80,604	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	78,294,287	0	78,294,287	0.444170	64,411	2.00
3.00	Total (sum of lines 1-2)	176,271,148	0	176,271,148	1.000000	145,015	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	80,604	3,692,842	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	64,411	7,229,720	0	2.00
3.00	Total (sum of lines 1-2)	0	0	145,015	10,922,562	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	3,269,898	80,604	0	0	7,043,344	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	64,411	0	0	7,294,131	2.00
3.00	Total (sum of lines 1-2)	3,269,898	145,015	0	0	14,337,475	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 12:45 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.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-16,528		OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,780,817				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	2,838,420				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-690,525		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-48,058		CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 REFERENCE LAB REVENUE	B	-8,217		LABORATORY	60.00	0	33.00

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	
36.00 TAXES & ASSESSMENTS	A	-7,490	OPERATION OF PLANT	7.00	0 36.00
37.00 TAXES & ASSESSMENTS	A	-109,880	OTHER NRCC	192.05	0 37.00
38.00 TAXES & ASSESSMENTS	A	-819	CAFETERIA	11.00	0 38.00
39.00 TAXES & ASSESSMENTS	A	-99	OPERATING ROOM	50.00	0 39.00
41.02 TAXES & ASSESSMENTS	A	-229	EMERGENCY	91.00	0 41.02
41.03 SAVE THE DAY/COMMUNITY OUTREACH	A	-227,550	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.03
41.04 MISC REVENUE	B	-393,063	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.04
41.06 MISC REVENUE	B	-1,517	HOUSEKEEPING	9.00	0 41.06
41.08 MISC REVENUE	B	-710	NURSING ADMINISTRATION	13.00	0 41.08
41.11 MISC REVENUE	B	-25,040	PHARMACY	15.00	0 41.11
41.12 MISC REVENUE	B	-225,975	PARAMEDICAL EDUCATION PROGRAM	23.00	0 41.12
41.13 MISC REVENUE	B	-588	ADULTS & PEDIATRICS	30.00	0 41.13
41.15 MISC REVENUE	B	-1,412	DELIVERY ROOM & LABOR ROOM	52.00	0 41.15
41.16 MISC REVENUE	B	-5,007	RADIOLOGY-DIAGNOSTIC	54.00	0 41.16
41.17 MISC REVENUE	B	-2,550	RADIOISOTOPE	56.00	0 41.17
41.18 MISC REVENUE	B	-226	CARDIAC CATHETERIZATION	59.00	0 41.18
41.19 MISC REVENUE	B	-8,552	CARDIAC REHABILITATION	76.97	0 41.19
41.20 MISC REVENUE	B	-854	OPD	90.01	0 41.20
41.21 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 41.21
41.22 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 41.22
41.23 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 41.23
41.24 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 41.24
41.25 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 41.25
42.00 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,717,286			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 12:45 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	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	15,822,500	20,830,616 1.00
2.00	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE COSTS	140,266	0 2.00
3.00	5.04	ADMINISTRATIVE	HOME OFFICE COSTS	1,557,168	0 3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	2,335,938	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	753,958	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	564,032	0 3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	784,261	0 3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	22,193	0 3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	ALVERNO LAB COSTS	1,480,296	0 3.06
4.00	60.00	LABORATORY		7,104,043	6,895,619 4.00
4.01	0.00			0	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,564,655	27,726,235 5.00

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

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

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

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

6.00	B		100.00	PRESENCE HEALTH	100.00	6.00
7.00	C		66.00	ALVERNO LAB	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 12:45 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	-5,008,116	0		1.00
2.00	140,266	0		2.00
3.00	1,557,168	0		3.00
3.01	2,335,938	0		3.01
3.02	753,958	0		3.02
3.03	564,032	0		3.03
3.04	784,261	9		3.04
3.05	22,193	9		3.05
3.06	1,480,296	0		3.06
4.00	208,424	0		4.00
4.01	0	0		4.01
5.00	2,838,420			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 12:45 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	31.00	INTENSIVE CARE UNIT	125,000	125,000	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	125,000	125,000	0	0	0	2.00
3.00	43.00	NURSERY	696,170	696,170	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	68,279	68,279	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	814,346	814,346	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	317,417	317,417	0	0	0	6.00
7.00	60.00	LABORATORY	45,300	45,300	0	0	0	7.00
8.00	64.00	INTRAVENOUS THERAPY	832,679	832,679	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	70,693	70,693	0	0	0	9.00
10.00	90.01	OPD	45,234	45,234	0	0	0	10.00
11.00	91.00	EMERGENCY	2,640,699	2,640,699	0	0	0	11.00
200.00			5,780,817	5,780,817	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	90.01	OPD	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	125,000	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	125,000	2.00
3.00	43.00	NURSERY	0	0	0	696,170	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	68,279	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	814,346	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	317,417	6.00
7.00	60.00	LABORATORY	0	0	0	45,300	7.00
8.00	64.00	INTRAVENOUS THERAPY	0	0	0	832,679	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	70,693	9.00
10.00	90.01	OPD	0	0	0	45,234	10.00
11.00	91.00	EMERGENCY	0	0	0	2,640,699	11.00
200.00			0	0	0	5,780,817	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,043,344	7,043,344			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,294,131		7,294,131		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,786,293	30,556	0	8,816,849	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	140,266	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	1,557,494	22,130	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,335,938	114,104	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	35,002,642	685,658	4,651,459	616,185	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,000,183	104,721	610,627	258,929	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	630,415	0	0	18,570	8.00
9.00 00900	HOUSEKEEPING	1,807,103	230,758	4,605	218,932	9.00
10.00 01000	DIETARY	576,630	61,708	9,323	34,149	10.00
11.00 01100	CAFETERIA	1,426,365	254,570	38,473	140,885	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,651,807	49,395	44,304	208,130	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,111,954	301,994	50,012	33,657	14.00
15.00 01500	PHARMACY	2,328,686	53,590	35,060	322,835	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,520,944	85,248	0	710	16.00
17.00 01700	SOCIAL SERVICE	221,296	35,148	0	33,341	17.00
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	4,933,141	0	0	803,150	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,131,344	325,155	33,564	227,446	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	85,549	20,033	9,587	35,847	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,743,656	1,644,019	124,411	1,667,061	30.00
31.00 03100	INTENSIVE CARE UNIT	3,617,873	155,092	51,663	492,353	31.00
32.02 03202	SURGICAL HEART UNIT	1,932,832	150,807	45,036	264,779	32.02
43.00 04300	NURSERY	892,922	19,599	23,363	132,554	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,421,870	350,468	279,124	587,702	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	738,147	45,201	17,096	77,713	50.02
50.03 05002	WOUND CARE CENTER	810,063	0	1,334	21,219	50.03
51.00 05100	RECOVERY ROOM	1,927,025	226,311	37,013	277,609	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,497,564	113,978	20,721	213,848	52.00
53.00 05300	ANESTHESIOLOGY	448,786	14,338	23,555	18,415	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,012,359	344,393	251,359	419,953	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	413,786	129,111	67,497	34,669	55.00
56.00 05600	RADIOISOTOPE	443,529	55,958	0	30,427	56.00
58.00 05800	MRI	269,704	90,311	305,544	39,244	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,018,996	139,019	129,813	126,881	59.00
60.00 06000	LABORATORY	7,340,604	297,276	88,359	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	814,582	13,235	2,313	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	1,728,640	61,202	23,424	203,047	64.00
65.00 06500	RESPIRATORY THERAPY	1,079,469	61,111	46,998	157,638	65.00
66.00 06600	PHYSICAL THERAPY	1,667,813	81,560	6,242	243,846	66.00
69.00 06900	ELECTROCARDIOLOGY	604,812	71,869	34,139	99,405	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	57,553	13,343	8,029	8,698	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,393,438	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,177,738	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,888,343	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	539,471	8,046	1,867	0	73.02
76.97 07697	CARDIAC REHABILITATION	113,809	40,500	1,496	18,295	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	994,519	18,351	48,070	119,144	90.01
91.00 09100	EMERGENCY	4,746,995	176,246	152,602	588,504	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	1.00	2.00	4.00	5.01	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						0
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	168,922,423	6,696,112	7,278,082	8,795,770		0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,371	0	0		0
190.01 19001 POB RX	0	0	0	0		0
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0		0
190.03 19003 ARTHRITIS CENTER	0	0	0	0		0
192.00 19200 PHYSICIANS' PRIVATE OFFICES	26,821	0	1,058	111		0
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0		0
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0		0
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0		0
192.05 19205 OTHER NRCC	3,356,603	312,861	14,991	20,968		0
192.06 19206 ASBURY STREET SNF	0	0	0	0		0
200.00 Cross Foot Adjustments						0
201.00 Negative Cost Centers						0
202.00 TOTAL (sum lines 118 through 201)	172,305,847	7,043,344	7,294,131	8,816,849		0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	140,266				5.03
5.04	00570	ADMINITTING	0	0	1,579,624			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,450,042		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	433	0	0	40,956,377	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,545	0	0	7,976,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,571	0	0	650,556	8.00
9.00	00900	HOUSEKEEPING	0	1,112	0	0	2,262,510	9.00
10.00	01000	DIETARY	0	275	0	0	682,085	10.00
11.00	01100	CAFETERIA	0	1,135	0	0	1,861,428	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	638	0	0	1,954,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,631	0	0	1,500,248	14.00
15.00	01500	PHARMACY	0	451	0	0	2,740,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,606,902	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	289,785	17.00
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	5,736,291	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	488	0	0	5,717,997	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	152	0	0	151,168	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,652	185,485	287,712	15,657,996	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,465	38,924	60,376	4,418,746	31.00
32.02	03202	SURGICAL HEART UNIT	0	1,030	20,048	31,098	2,445,630	32.02
43.00	04300	NURSERY	0	126	9,900	15,357	1,093,821	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,546	132,869	206,098	6,987,677	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	1,788	20,287	31,467	931,699	50.02
50.03	05002	WOUND CARE CENTER	0	1,280	6,356	9,859	850,111	50.03
51.00	05100	RECOVERY ROOM	0	459	34,152	52,975	2,555,544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,433	15,929	24,708	1,888,181	52.00
53.00	05300	ANESTHESIOLOGY	0	2,424	36,273	56,265	600,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,158	132,995	206,293	4,369,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	193	10,584	16,417	672,257	55.00
56.00	05600	RADIOISOTOPE	0	1,921	11,934	18,511	562,280	56.00
58.00	05800	MRI	0	74	22,944	35,589	763,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	721	43,098	66,852	1,525,380	59.00
60.00	06000	LABORATORY	0	1,648	154,159	239,121	8,121,167	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1	10,141	15,730	856,002	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	997	6,158	9,552	2,033,020	64.00
65.00	06500	RESPIRATORY THERAPY	0	136	53,169	82,472	1,480,993	65.00
66.00	06600	PHYSICAL THERAPY	0	160	19,021	29,504	2,048,146	66.00
69.00	06900	ELECTROCARDIOLOGY	0	136	46,194	71,653	928,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10	1,082	1,678	90,393	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,553	54,871	85,112	7,592,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,746	41,454	64,300	3,310,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,079	319,429	495,311	14,708,162	73.00
73.02	07302	INPT RENAL DIALYSIS	0	67	3,096	4,802	557,349	73.02
76.97	07697	CARDIAC REHABILITATION	0	16	500	776	175,392	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	147	21,704	33,665	1,235,600	90.01
91.00	09100	EMERGENCY	0	3,818	126,868	196,789	5,991,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	140,215	1,579,624	2,450,042	168,538,012	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	34,371	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	27,990	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	51	0	0	3,705,474	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	0	140,266	1,579,624	2,450,042	172,305,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591	40,956,377					5.06
6.00	00600		0				6.00
7.00	00700	2,487,014	0	10,463,019			7.00
8.00	00800	202,851	0	0	853,407		8.00
9.00	00900	705,478	0	396,707	221	3,364,916	9.00
10.00	01000	212,682	0	106,085	0	40,971	10.00
11.00	01100	580,416	0	437,643	0	169,051	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	609,366	0	84,918	0	10,786	13.00
14.00	01400	467,795	0	519,172	3,410	8,614	14.00
15.00	01500	854,559	0	92,129	0	13,482	15.00
16.00	01600	501,051	0	146,554	0	21,571	16.00
17.00	01700	90,358	0	60,425	0	5,393	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,788,644	0	0	0	0	21.00
22.00	02200	1,782,940	0	558,989	21,173	77,447	22.00
23.00	02300	47,136	0	34,440	0	5,767	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,882,388	0	2,826,305	318,437	1,436,369	30.00
31.00	03100	1,377,818	0	266,626	53,226	129,953	31.00
32.02	03202	762,577	0	259,260	29,152	205,078	32.02
43.00	04300	341,067	0	33,694	11,202	10,711	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,178,842	0	602,505	95,061	267,471	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	290,515	0	77,706	20,729	5,543	50.02
50.03	05002	265,075	0	0	9,550	0	50.03
51.00	05100	796,849	0	389,061	16,269	61,494	51.00
52.00	05200	588,757	0	195,945	19,461	73,328	52.00
53.00	05300	187,105	0	24,648	0	7,116	53.00
54.00	05400	1,362,466	0	592,061	54,511	150,026	54.00
55.00	05500	209,618	0	221,961	5,529	59,172	55.00
56.00	05600	175,326	0	96,201	2,448	21,571	56.00
58.00	05800	238,040	0	155,258	7,707	17,976	58.00
59.00	05900	475,632	0	238,994	11,472	104,037	59.00
60.00	06000	2,532,277	0	511,060	445	38,274	60.00
62.00	06200	266,912	0	22,752	0	1,348	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	633,920	0	105,215	1,562	59,172	64.00
65.00	06500	461,791	0	105,059	0	22,995	65.00
66.00	06600	638,637	0	140,214	7,420	11,010	66.00
69.00	06900	289,426	0	123,553	11,024	22,021	69.00
70.00	07000	28,186	0	22,939	0	5,468	70.00
71.00	07100	2,367,580	0	0	0	0	71.00
72.00	07200	1,032,172	0	0	0	0	72.00
73.00	07300	4,586,181	0	0	0	0	73.00
73.02	07302	173,788	0	13,832	0	7,565	73.02
76.97	07697	54,689	0	69,625	44	5,543	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	385,275	0	31,549	19,895	10,636	90.01
91.00	09100	1,868,322	0	302,993	133,459	209,348	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		39,781,521	0	9,866,078	853,407	3,296,307	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,717	0	59,088	0	5,393	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,728	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,155,411	0	537,853	0	63,216	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	40,956,377	0	10,463,019	853,407	3,364,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 12:45 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,041,823					10.00
11.00	01100	CAFETERIA	0	3,048,538				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	59,132	0	2,718,476		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	89,622	0	0	2,588,861	14.00
15.00	01500	PHARMACY	0	107,177	0	0	29,091	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	462	0	0	104	16.00
17.00	01700	SOCIAL SERVICE	0	13,397	0	0	0	17.00
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	406,995	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	52,203	0	0	40,469	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	13,859	0	0	7,000	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	862,946	753,471	0	961,747	274,345	30.00
31.00	03100	INTENSIVE CARE UNIT	116,203	170,929	0	356,372	102,392	31.00
32.02	03202	SURGICAL HEART UNIT	62,674	95,166	0	183,897	42,592	32.02
43.00	04300	NURSERY	0	37,882	0	93,662	2,168	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	211,120	0	245,577	289,858	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	26,794	0	43,404	54,631	50.02
50.03	05002	WOUND CARE CENTER	0	9,239	0	11,422	33,198	50.03
51.00	05100	RECOVERY ROOM	0	94,242	0	169,048	23,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,459	0	132,497	42,054	52.00
53.00	05300	ANESTHESIOLOGY	0	11,549	0	0	76,795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	156,146	0	14,849	132,180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,408	0	0	9,699	55.00
56.00	05600	RADIOISOTOPE	0	9,701	0	0	154,849	56.00
58.00	05800	MRI	0	14,321	0	0	5,351	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,425	0	38,835	37,103	59.00
60.00	06000	LABORATORY	0	0	0	0	130,926	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	54	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	33,724	0	90,235	59,460	64.00
65.00	06500	RESPIRATORY THERAPY	0	72,529	0	0	9,547	65.00
66.00	06600	PHYSICAL THERAPY	0	80,845	0	0	8,403	66.00
69.00	06900	ELECTROCARDIOLOGY	0	33,724	0	0	4,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,696	0	0	87	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	408,506	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	415,535	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	5,089	73.02
76.97	07697	CARDIAC REHABILITATION	0	6,006	0	12,564	792	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	48,045	0	13,707	11,087	90.01
91.00	09100	EMERGENCY	0	266,095	0	349,518	172,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,041,823	3,026,363	0	2,717,334	2,584,053	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	468	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	22,175	0	1,142	4,340	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	1,041,823	3,048,538	0	2,718,476	2,588,861	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,837,060					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,276,644				16.00
17.00	01700	SOCIAL SERVICE	0	0	459,358			17.00
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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	5,155	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6	267,372	347,459	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,107	35,141	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	28,899	38,999	0	0	32.02
43.00	04300	NURSERY	0	14,271	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56	191,527	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	29,243	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	677	9,162	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	49,230	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,961	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,476	52,287	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	191,709	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28	15,257	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	17,202	0	0	0	56.00
58.00	05800	MRI	0	33,073	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,125	0	0	0	59.00
60.00	06000	LABORATORY	0	222,216	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,618	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	8,877	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	113	76,642	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24	27,418	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	542	66,587	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,559	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	79,095	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,754	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,813,377	460,108	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	464	4,462	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	721	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	252	31,285	0	0	0	90.01
91.00	09100	EMERGENCY	0	182,877	37,759	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,833,170	2,276,644	459,358	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,890	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	3,837,060	2,276,644	459,358	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,931,930				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,251,218			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			264,525		23.00
23.01 02301	RADIOLOGY SCHOOL				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,054,584	3,177,542	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	623,589	648,690	0	0	31.00
32.02 03202	SURGICAL HEART UNIT	0	0	0	0	32.02
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	480,225	499,556	0	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	117,336	122,059	0	0	50.02
50.03 05002	WOUND CARE CENTER	5,973	6,214	0	0	50.03
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	500,706	520,861	0	0	52.00
53.00 05300	ANESTHESIOLOGY	111,789	116,289	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	600,122	624,279	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,973	6,214	0	0	55.00
56.00 05600	RADIOISOTOPE	53,761	55,925	0	0	56.00
58.00 05800	MRI	64,428	67,022	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	271,153	282,068	0	0	59.00
60.00 06000	LABORATORY	114,563	119,174	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	148,270	154,239	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	0	0	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	53,761	55,925	0	0	90.01
91.00 09100	EMERGENCY	1,007,385	1,047,936	264,525	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,213,618	7,503,993	264,525	0	165,200,054	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	109,569	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	360,756	375,277	0	0	773,219	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	357,556	371,948	0	0	6,223,005	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	7,931,930	8,251,218	264,525	0	172,305,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
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	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,232,126	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,272,279	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-979,781	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	-239,395	50.02
50.03	05002	WOUND CARE CENTER	-12,187	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,021,567	52.00
53.00	05300	ANESTHESIOLOGY	-228,078	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,224,401	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-12,187	55.00
56.00	05600	RADIOISOTOPE	-109,686	56.00
58.00	05800	MRI	-131,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	-553,221	59.00
60.00	06000	LABORATORY	-233,737	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	-302,509	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-109,686	90.01
91.00	09100	EMERGENCY	-2,055,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,717,611 150,482,443	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 109,569	190.00
190.01	19001	POB RX	0 0	190.01
190.02	19002	MOBILE MEDICAL CARE	0 0	190.02
190.03	19003	ARTHRITIS CENTER	0 0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-736,033 37,186	192.00
192.02	19202	OUTREACH TRANSPORTATION	0 0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0 0	192.03
192.04	19204	WOMENS HEALTH CENTER	0 0	192.04
192.05	19205	OTHER NRCC	-729,504 5,493,501	192.05
192.06	19206	ASBURY STREET SNF	0 0	192.06
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	-16,183,148 156,122,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm
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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	30,556	0	30,556	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	0	22,130	0	22,130	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	114,104	0	114,104	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	35,574	685,658	4,651,459	5,372,691	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	4,558	104,721	610,627	719,906	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	623	230,758	4,605	235,986	9.00
10.00 01000	DIETARY	1,924	61,708	9,323	72,955	10.00
11.00 01100	CAFETERIA	7,939	254,570	38,473	300,982	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	9,325	49,395	44,304	103,024	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	134,703	301,994	50,012	486,709	14.00
15.00 01500	PHARMACY	19,021	53,590	35,060	107,671	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	85,248	0	85,248	16.00
17.00 01700	SOCIAL SERVICE	0	35,148	0	35,148	17.00
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	10,345	325,155	33,564	369,064	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	8,430	20,033	9,587	38,050	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,093	1,644,019	124,411	1,798,523	30.00
31.00 03100	INTENSIVE CARE UNIT	3,674	155,092	51,663	210,429	31.00
32.02 03202	SURGICAL HEART UNIT	5,601	150,807	45,036	201,444	32.02
43.00 04300	NURSERY	2,416	19,599	23,363	45,378	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	285,301	350,468	279,124	914,893	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	8,712	45,201	17,096	71,009	50.02
50.03 05002	WOUND CARE CENTER	79,506	0	1,334	80,840	50.03
51.00 05100	RECOVERY ROOM	9,016	226,311	37,013	272,340	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,958	113,978	20,721	137,657	52.00
53.00 05300	ANESTHESIOLOGY	54	14,338	23,555	37,947	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,054	344,393	251,359	605,806	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,161	129,111	67,497	198,769	55.00
56.00 05600	RADIOISOTOPE	86	55,958	0	56,044	56.00
58.00 05800	MRI	2,514	90,311	305,544	398,369	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,215	139,019	129,813	271,047	59.00
60.00 06000	LABORATORY	83,548	297,276	88,359	469,183	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,505	13,235	2,313	17,053	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	124,288	61,202	23,424	208,914	64.00
65.00 06500	RESPIRATORY THERAPY	13,503	61,111	46,998	121,612	65.00
66.00 06600	PHYSICAL THERAPY	3,166	81,560	6,242	90,968	66.00
69.00 06900	ELECTROCARDIOLOGY	8,755	71,869	34,139	114,763	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	108	13,343	8,029	21,480	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	1,662	8,046	1,867	11,575	73.02
76.97 07697	CARDIAC REHABILITATION	141	40,500	1,496	42,137	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	148,372	18,351	48,070	214,793	90.01
91.00 09100	EMERGENCY	10,065	176,246	152,602	338,913	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,071,916	6,696,112	7,278,082	15,046,110	30,483	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	34,371	0	34,434	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,058	1,058	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,910	312,861	14,991	331,762	73	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,075,889	7,043,344	7,294,131	15,413,364	30,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING		0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES			0			5.03
5.04	00570	ADMINISTRATIVE				22,130		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					114,104	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
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	PARAMEDICAL EDUCATION PROGRAM						23.00
23.01	02301	RADIOLOGY SCHOOL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,635	13,384	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	553	2,809	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	285	1,447	32.02
43.00	04300	NURSERY	0	0	0	141	714	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,887	9,588	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	0	0	288	1,464	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	90	459	50.03
51.00	05100	RECOVERY ROOM	0	0	0	485	2,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	226	1,149	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	515	2,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,889	9,597	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	150	764	55.00
56.00	05600	RADIOISOTOPE	0	0	0	170	861	56.00
58.00	05800	MRI	0	0	0	326	1,656	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	612	3,110	59.00
60.00	06000	LABORATORY	0	0	0	2,190	11,124	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	144	732	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	87	444	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	755	3,837	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	270	1,373	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	656	3,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15	78	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	779	3,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	589	2,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,232	23,170	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	44	223	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	7	36	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	308	1,566	90.01
91.00	09100	EMERGENCY	0	0	0	1,802	9,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	22,130	114,104	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	0	0	0	22,130	114,104	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,374,826				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	326,378	0	1,047,181		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,621	0	0	26,685	8.00
9.00	00900	HOUSEKEEPING	92,582	0	39,704	7	369,037 9.00
10.00	01000	DIETARY	27,911	0	10,617	0	4,493 10.00
11.00	01100	CAFETERIA	76,170	0	43,801	0	18,540 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	79,969	0	8,499	0	1,183 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61,390	0	51,961	107	945 14.00
15.00	01500	PHARMACY	112,146	0	9,221	0	1,479 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,754	0	14,668	0	2,366 16.00
17.00	01700	SOCIAL SERVICE	11,858	0	6,048	0	591 17.00
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	234,729	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	233,980	0	55,946	662	8,494 22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	6,186	0	3,447	0	633 23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	640,733	0	282,867	9,956	157,529 30.00
31.00	03100	INTENSIVE CARE UNIT	180,815	0	26,685	1,664	14,252 31.00
32.02	03202	SURGICAL HEART UNIT	100,075	0	25,948	912	22,491 32.02
43.00	04300	NURSERY	44,759	0	3,372	350	1,175 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	285,936	0	60,301	2,972	29,334 50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0 50.01
50.02	03340	GASTROINTESTINAL SERVICES	38,125	0	7,777	648	608 50.02
50.03	05002	WOUND CARE CENTER	34,787	0	0	299	0 50.03
51.00	05100	RECOVERY ROOM	104,573	0	38,939	509	6,744 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,264	0	19,611	609	8,042 52.00
53.00	05300	ANESTHESIOLOGY	24,554	0	2,467	0	780 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,800	0	59,256	1,704	16,454 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,509	0	22,215	173	6,489 55.00
56.00	05600	RADIOISOTOPE	23,008	0	9,628	77	2,366 56.00
58.00	05800	MRI	31,239	0	15,539	241	1,971 58.00
59.00	05900	CARDIAC CATHETERIZATION	62,419	0	23,919	359	11,410 59.00
60.00	06000	LABORATORY	332,318	0	51,149	14	4,198 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	35,028	0	2,277	0	148 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
64.00	06400	INTRAVENOUS THERAPY	83,191	0	10,530	49	6,489 64.00
65.00	06500	RESPIRATORY THERAPY	60,602	0	10,515	0	2,522 65.00
66.00	06600	PHYSICAL THERAPY	83,810	0	14,033	232	1,208 66.00
69.00	06900	ELECTROCARDIOLOGY	37,982	0	12,366	345	2,415 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,699	0	2,296	0	600 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	310,704	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,455	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	601,858	0	0	0	0 73.00
73.02	07302	INPT RENAL DIALYSIS	22,807	0	1,384	0	830 73.02
76.97	07697	CARDIAC REHABILITATION	7,177	0	6,968	1	608 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	50,561	0	3,158	622	1,166 90.01
91.00	09100	EMERGENCY	245,185	0	30,325	4,173	22,960 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,220,647	0	987,437	26,685	361,513 118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,406	0	5,914	0	591	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,145	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	151,628	0	53,830	0	6,933	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	5,374,826	0	1,047,181	26,685	369,037	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	116,094					10.00
11.00	01100	CAFETERIA	0	439,981				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,534	0	201,930		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,935	0	0	614,164	14.00
15.00	01500	PHARMACY	0	15,468	0	0	6,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	67	0	0	25	16.00
17.00	01700	SOCIAL SERVICE	0	1,934	0	0	0	17.00
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	58,740	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,534	0	0	9,601	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	2,000	0	0	1,661	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,161	108,747	0	71,440	65,084	30.00
31.00	03100	INTENSIVE CARE UNIT	12,949	24,669	0	26,471	24,291	31.00
32.02	03202	SURGICAL HEART UNIT	6,984	13,735	0	13,660	10,104	32.02
43.00	04300	NURSERY	0	5,467	0	6,957	514	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,470	0	18,242	68,764	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	3,867	0	3,224	12,960	50.02
50.03	05002	WOUND CARE CENTER	0	1,333	0	848	7,876	50.03
51.00	05100	RECOVERY ROOM	0	13,601	0	12,557	5,624	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,468	0	9,842	9,977	52.00
53.00	05300	ANESTHESIOLOGY	0	1,667	0	0	18,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,536	0	1,103	31,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,667	0	0	2,301	55.00
56.00	05600	RADIOISOTOPE	0	1,400	0	0	36,735	56.00
58.00	05800	MRI	0	2,067	0	0	1,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,267	0	2,885	8,802	59.00
60.00	06000	LABORATORY	0	0	0	0	31,060	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	13	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	4,867	0	6,703	14,106	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,468	0	0	2,265	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668	0	0	1,994	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,867	0	0	1,095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	533	0	0	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	96,911	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	98,578	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	1,207	73.02
76.97	07697	CARDIAC REHABILITATION	0	867	0	933	188	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	6,934	0	1,018	2,630	90.01
91.00	09100	EMERGENCY	0	38,404	0	25,962	40,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,094	436,781	0	201,845	613,023	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	111	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	3,200	0	85	1,030	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	116,094	439,981	0	201,930	614,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	254,004					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	168,130				16.00
17.00	01700	SOCIAL SERVICE	0	0	55,695			17.00
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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	341	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	19,708	42,127			30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,136	4,261			31.00
32.02	03202	SURGICAL HEART UNIT	0	2,130	4,729			32.02
43.00	04300	NURSERY	0	1,052	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4	14,117	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTROINTESTINAL SERVICES	0	2,155	0			50.02
50.03	05002	WOUND CARE CENTER	45	675	0			50.03
51.00	05100	RECOVERY ROOM	0	3,629	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,692	0			52.00
53.00	05300	ANESTHESIOLOGY	826	3,854	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,131	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	1,125	0			55.00
56.00	05600	RADIOISOTOPE	0	1,268	0			56.00
58.00	05800	MRI	0	2,438	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,579	0			59.00
60.00	06000	LABORATORY	0	16,379	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,077	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	654	0			64.00
65.00	06500	RESPIRATORY THERAPY	7	5,649	0			65.00
66.00	06600	PHYSICAL THERAPY	2	2,021	0			66.00
69.00	06900	ELECTROCARDIOLOGY	36	4,908	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	115	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,830	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,404	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	252,435	34,236	0			73.00
73.02	07302	INPT RENAL DIALYSIS	31	329	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	53	0			76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIpsy	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	17	2,306	0			90.01
91.00	09100	EMERGENCY	0	13,480	4,578			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,746	168,130	55,695	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	258	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0			0 201.00
202.00		TOTAL (sum lines 118 through 201)	254,004	168,130	55,695	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	296,251				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		686,069			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			52,442		23.00
23.01 02301	RADIOLOGY SCHOOL				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				3,314,682	30.00
31.00 03100	INTENSIVE CARE UNIT				535,690	31.00
32.02 03202	SURGICAL HEART UNIT				404,861	32.02
43.00 04300	NURSERY				110,338	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,438,544	50.00
50.01 05001	AMBULATORY PRE/POST OP				0	50.01
50.02 03340	GASTROINTESTINAL SERVICES				142,394	50.02
50.03 05002	WOUND CARE CENTER				127,326	50.03
51.00 05100	RECOVERY ROOM				462,427	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				278,278	52.00
53.00 05300	ANESTHESIOLOGY				93,509	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				944,088	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				263,284	55.00
56.00 05600	RADIOISOTOPE				131,662	56.00
58.00 05800	MRI				455,251	58.00
59.00 05900	CARDIAC CATHETERIZATION				395,849	59.00
60.00 06000	LABORATORY				917,615	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				56,472	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
64.00 06400	INTRAVENOUS THERAPY				336,737	64.00
65.00 06500	RESPIRATORY THERAPY				218,778	65.00
66.00 06600	PHYSICAL THERAPY				208,424	66.00
69.00 06900	ELECTROCARDIOLOGY				183,110	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				28,867	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				418,183	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				143,439	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				1,014,509	73.00
73.02 07302	INPT RENAL DIALYSIS				38,430	73.02
76.97 07697	CARDIAC REHABILITATION				59,038	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LITHOTRIPSY				0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD				285,492	90.01
91.00 09100	EMERGENCY				777,867	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF				0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY				0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY				0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	13,785,144
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				42,345
190.01	19001	POB RX				0
190.02	19002	MOBILE MEDICAL CARE				0
190.03	19003	ARTHRITIS CENTER				0
192.00	19200	PHYSICIANS' PRIVATE OFFICES				2,314
192.02	19202	OUTREACH TRANSPORTATION				0
192.03	19203	SAINT FRANCIS HEALTH CENTER				0
192.04	19204	WOMENS HEALTH CENTER				0
192.05	19205	OTHER NRCC				548,799
192.06	19206	ASBURY STREET SNF				0
200.00		Cross Foot Adjustments	296,251	686,069	52,442	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	296,251	686,069	52,442	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
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	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	389,560				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,207,525			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	54,155,252		4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	1,224	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	4,596,229	3,784,757	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,792	603,377	1,590,403	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	114,060	0	8.00
9.00 00900	HOUSEKEEPING	12,763	4,550	1,344,734	0	9.00
10.00 01000	DIETARY	3,413	9,212	209,752	0	10.00
11.00 01100	CAFETERIA	14,080	38,016	865,348	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,732	43,778	1,278,384	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,703	49,418	206,729	0	14.00
15.00 01500	PHARMACY	2,964	34,644	1,982,933	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,715	0	4,358	0	16.00
17.00 01700	SOCIAL SERVICE	1,944	0	204,789	0	17.00
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	4,933,141	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	33,165	1,397,031	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	1,108	9,473	220,182	0	23.00
23.01 02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,929	122,934	10,239,525	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,578	51,050	3,024,154	0	31.00
32.02 03202	SURGICAL HEART UNIT	8,341	44,501	1,626,335	0	32.02
43.00 04300	NURSERY	1,084	23,086	814,176	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,384	275,810	3,609,811	0	50.00
50.01 05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02 03340	GASTROINTESTINAL SERVICES	2,500	16,893	477,333	0	50.02
50.03 05002	WOUND CARE CENTER	0	1,318	130,330	0	50.03
51.00 05100	RECOVERY ROOM	12,517	36,574	1,705,144	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,304	20,475	1,313,507	0	52.00
53.00 05300	ANESTHESIOLOGY	793	23,275	113,108	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,048	248,375	2,579,454	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,141	66,696	212,945	0	55.00
56.00 05600	RADIOISOTOPE	3,095	0	186,888	0	56.00
58.00 05800	MRI	4,995	301,916	241,048	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,689	128,272	779,334	0	59.00
60.00 06000	LABORATORY	16,442	87,310	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	2,286	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00 06400	INTRAVENOUS THERAPY	3,385	23,146	1,247,162	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,380	46,440	968,251	0	65.00
66.00 06600	PHYSICAL THERAPY	4,511	6,168	1,497,763	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,975	33,734	610,568	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738	7,934	53,428	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02 07302	INPT RENAL DIALYSIS	445	1,845	0	0	73.02
76.97 07697	CARDIAC REHABILITATION	2,240	1,478	112,371	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OPD	1,015	47,499	731,811	0	90.01
91.00 09100	EMERGENCY	9,748	150,790	3,614,733	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	370,355	7,191,667	54,025,780	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01 19001 POB RX	0	0	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,045	679	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05 19205 OTHER NRCC	17,304	14,813	128,793	0	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	0	0	192.06
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)	7,043,344	7,294,131	8,816,849	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.080255	1.012016	0.162807	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			30,556	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000564	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	16,656,075					5.03
5.04	00570	ADMITTING	0	897,548,344				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	897,548,344			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	51,392	0	0	-40,956,377	131,349,470	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	183,419	0	0	0	7,976,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	186,541	0	0	0	650,556	8.00
9.00	00900	HOUSEKEEPING	132,018	0	0	0	2,262,510	9.00
10.00	01000	DIETARY	32,657	0	0	0	682,085	10.00
11.00	01100	CAFETERIA	134,769	0	0	0	1,861,428	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	75,764	0	0	0	1,954,274	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	312,444	0	0	0	1,500,248	14.00
15.00	01500	PHARMACY	53,526	0	0	0	2,740,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,606,902	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	289,785	17.00
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	5,736,291	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	57,968	0	0	0	5,717,997	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	18,007	0	0	0	151,168	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	671,228	105,389,115	105,389,115	0	15,657,996	30.00
31.00	03100	INTENSIVE CARE UNIT	292,696	22,115,680	22,115,680	0	4,418,746	31.00
32.00	03202	SURGICAL HEART UNIT	122,338	11,391,174	11,391,174	0	2,445,630	32.00
43.00	04300	NURSERY	14,950	5,625,272	5,625,272	0	1,093,821	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,133,583	75,493,592	75,493,592	0	6,987,677	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTROINTESTINAL SERVICES	212,303	11,526,484	11,526,484	0	931,699	50.02
50.03	05002	WOUND CARE CENTER	152,014	3,611,325	3,611,325	0	850,111	50.03
51.00	05100	RECOVERY ROOM	54,469	19,404,815	19,404,815	0	2,555,544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	170,156	9,050,453	9,050,453	0	1,888,181	52.00
53.00	05300	ANESTHESIOLOGY	287,871	20,609,817	20,609,817	0	600,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	256,310	75,565,281	75,565,281	0	4,369,510	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,881	6,013,728	6,013,728	0	672,257	55.00
56.00	05600	RADIOISOTOPE	228,064	6,780,602	6,780,602	0	562,280	56.00
58.00	05800	MRI	8,755	13,036,308	13,036,308	0	763,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	85,575	24,487,745	24,487,745	0	1,525,380	59.00
60.00	06000	LABORATORY	195,741	87,590,192	87,590,192	0	8,121,167	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	78	5,761,924	5,761,924	0	856,002	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	118,336	3,498,875	3,498,875	0	2,033,020	64.00
65.00	06500	RESPIRATORY THERAPY	16,094	30,209,510	30,209,510	0	1,480,993	65.00
66.00	06600	PHYSICAL THERAPY	18,961	10,807,306	10,807,306	0	2,048,146	66.00
69.00	06900	ELECTROCARDIOLOGY	16,111	26,246,383	26,246,383	0	928,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,152	614,644	614,644	0	90,393	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,072,172	31,176,457	31,176,457	0	7,592,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,176,053	23,553,132	23,553,132	0	3,310,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	603,127	181,529,788	181,529,788	0	14,708,162	73.00
73.02	07302	INPT RENAL DIALYSIS	7,905	1,758,920	1,758,920	0	557,349	73.02
76.97	07697	CARDIAC REHABILITATION	1,852	284,183	284,183	0	175,392	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	17,400	12,331,598	12,331,598	0	1,235,600	90.01
91.00	09100	EMERGENCY	453,354	72,084,041	72,084,041	0	5,991,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,650,034	897,548,344	897,548,344	-40,956,377	127,581,635
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	34,371
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	27,990
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	6,041	0	0	0	3,705,474
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	140,266	1,579,624	2,450,042		40,956,377
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008421	0.001760	0.002730		0.311812
204.00		Cost to be allocated (per Wkst. B, Part II)	0	22,130	114,104		5,374,826
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000025	0.000127		0.040920
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	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	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	0				6.00	
7.00	00700	OPERATION OF PLANT	0	336,620			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	976,042		8.00	
9.00	00900	HOUSEKEEPING	0	12,763	253	44,925	9.00	
10.00	01000	DIETARY	0	3,413	0	547	10.00	
11.00	01100	CAFETERIA	0	14,080	0	2,257	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	144	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	3,900	115	14.00	
15.00	01500	PHARMACY	0	2,964	0	180	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	288	16.00	
17.00	01700	SOCIAL SERVICE	0	1,944	0	72	17.00	
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	0	17,984	24,215	1,034	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	0	77	23.00	
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	364,199	19,177	75,480	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	60,875	1,735	10,164	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	33,341	2,738	5,482	32.02
43.00	04300	NURSERY	0	1,084	12,812	143	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	108,721	3,571	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	23,708	74	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	10,922	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	18,607	821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	22,257	979	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	95	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	62,344	2,003	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	6,323	790	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	2,800	288	0	56.00
58.00	05800	MRI	0	4,995	8,814	240	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	13,120	1,389	0	59.00
60.00	06000	LABORATORY	0	16,442	509	511	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	18	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	1,787	790	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	307	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	8,486	147	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	12,608	294	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	73	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	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	445	0	101	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	50	74	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	22,754	142	0	90.01
91.00	09100	EMERGENCY	0	9,748	152,637	2,795	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	317,415	976,042	44,009	91,126	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	72	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	17,304	0	844	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
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	10,463,019	853,407	3,364,916	1,041,823	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	31.082583	0.874355	74.900746	11.432774	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,047,181	26,685	369,037	116,094	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.110870	0.027340	8.214513	1.273994	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
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	6,599					11.00
12.00	01200	0	0				12.00
13.00	01300	128	0	2,380			13.00
14.00	01400	194	0	0	3,757,619		14.00
15.00	01500	232	0	0	42,224	13,442,506	15.00
16.00	01600	1	0	0	151	0	16.00
17.00	01700	29	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	881	0	0	0	0	21.00
22.00	02200	113	0	0	58,739	0	22.00
23.00	02300	30	0	0	10,160	18,060	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,631	0	842	398,200	20	30.00
31.00	03100	370	0	312	148,617	0	31.00
32.02	03202	206	0	161	61,821	0	32.02
43.00	04300	82	0	82	3,147	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	457	0	215	420,717	197	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	03340	58	0	38	79,295	0	50.02
50.03	05002	20	0	10	48,185	2,372	50.03
51.00	05100	204	0	148	34,409	0	51.00
52.00	05200	172	0	116	61,040	0	52.00
53.00	05300	25	0	0	111,465	43,706	53.00
54.00	05400	338	0	13	191,853	0	54.00
55.00	05500	55	0	0	14,078	98	55.00
56.00	05600	21	0	0	224,757	0	56.00
58.00	05800	31	0	0	7,767	0	58.00
59.00	05900	94	0	34	53,853	0	59.00
60.00	06000	0	0	0	190,034	0	60.00
62.00	06200	0	0	0	78	0	62.00
62.30	06250	0	0	0	0	0	62.30
64.00	06400	73	0	79	86,304	0	64.00
65.00	06500	157	0	0	13,857	395	65.00
66.00	06600	175	0	0	12,197	85	66.00
69.00	06900	73	0	0	6,700	1,900	69.00
70.00	07000	8	0	0	127	0	70.00
71.00	07100	0	0	0	592,929	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	603,127	13,359,535	73.00
73.02	07302	0	0	0	7,386	1,627	73.02
76.97	07697	13	0	11	1,150	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	104	0	12	16,092	882	90.01
91.00	09100	576	0	306	250,181	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED))	NURSING ADMINISTRATION (DIRECT NRSG FTES))	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,551	0	2,379	3,750,640	13,428,877
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	679	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	48	0	1	6,300	13,629
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,048,538	0	2,718,476	2,588,861	3,837,060
203.00		Unit cost multiplier (Wkst. B, Part I)	461.969692	0.000000	1,142.216807	0.688963	0.285442
204.00		Cost to be allocated (per Wkst. B, Part II)	439,981	0	201,930	614,164	254,004
205.00		Unit cost multiplier (Wkst. B, Part II)	66.673890	0.000000	84.844538	0.163445	0.018896
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	897,548,344					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
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			37,180	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	105,389,115	7,564		0	14,318	30.00
31.00 03100 INTENSIVE CARE UNIT	22,115,680	765		0	2,923	31.00
32.02 03202 SURGICAL HEART UNIT	11,391,174	849		0	0	32.02
43.00 04300 NURSERY	5,625,272	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	75,493,592	0	0	0	2,251	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02 03340 GASTROINTESTINAL SERVICES	11,526,484	0	0	0	550	50.02
50.03 05002 WOUND CARE CENTER	3,611,325	0	0	0	28	50.03
51.00 05100 RECOVERY ROOM	19,404,815	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,050,453	0	0	0	2,347	52.00
53.00 05300 ANESTHESIOLOGY	20,609,817	0	0	0	524	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	75,565,281	0	0	0	2,813	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	6,013,728	0	0	0	28	55.00
56.00 05600 RADIOISOTOPE	6,780,602	0	0	0	252	56.00
58.00 05800 MRI	13,036,308	0	0	0	302	58.00
59.00 05900 CARDIAC CATHETERIZATION	24,487,745	0	0	0	1,271	59.00
60.00 06000 LABORATORY	87,590,192	0	0	0	537	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	5,761,924	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	3,498,875	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	30,209,510	0	0	0	695	65.00
66.00 06600 PHYSICAL THERAPY	10,807,306	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	26,246,383	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	614,644	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	31,176,457	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	23,553,132	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	181,529,788	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	1,758,920	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	284,183	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	12,331,598	0	0	0	252	90.01
91.00 09100 EMERGENCY	72,084,041	822	0	0	4,722	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV ((ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	897,548,344	10,000	0	0	33,813	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,691	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	0	0	0	1,676	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
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)	2,276,644	459,358	0	0	7,931,930	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002537	45.935800	0.000000	0.000000	213.338623	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	168,130	55,695	0	0	296,251	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000187	5.569500	0.000000	0.000000	7.968020	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00550 DATA PROCESSING				5.02
5.03 00560 PURCHASING RECEIVING AND STORES				5.03
5.04 00570 ADMINITTING				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL				5.06
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
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	37,180			22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01 02301 RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	14,318	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,923	0	0	31.00
32.02 03202 SURGICAL HEART UNIT	0	0	0	32.02
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,251	0	0	50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0	0	50.01
50.02 03340 GASTROINTESTINAL SERVICES	550	0	0	50.02
50.03 05002 WOUND CARE CENTER	28	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,347	0	0	52.00
53.00 05300 ANESTHESIOLOGY	524	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,813	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	28	0	0	55.00
56.00 05600 RADIOISOTOPE	252	0	0	56.00
58.00 05800 MRI	302	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,271	0	0	59.00
60.00 06000 LABORATORY	537	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	695	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OPD	252	0	0	90.01
91.00 09100 EMERGENCY	4,722	1,000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	22.00	23.00	23.01	
99.40	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
118.00				118.00
118.00	33,813	1,000	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 POB RX	0	0	0	190.01
190.02 19002 MOBILE MEDICAL CARE	0	0	0	190.02
190.03 19003 ARTHRITIS CENTER	0	0	0	190.03
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,691	0	0	192.00
192.02 19202 OUTREACH TRANSPORTATION	0	0	0	192.02
192.03 19203 SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04 19204 WOMENS HEALTH CENTER	0	0	0	192.04
192.05 19205 OTHER NRCC	1,676	0	0	192.05
192.06 19206 ASBURY STREET SNF	0	0	0	192.06
200.00				200.00
201.00				201.00
202.00	8,251,218	264,525	0	202.00
203.00	221.926251	264.525000	0.000000	203.00
204.00	686,069	52,442	0	204.00
205.00	18.452636	52.442000	0.000000	205.00
206.00		0	0	206.00
207.00		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 12:45 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		28,588,841	0	28,588,841
31.00	03100 INTENSIVE CARE UNIT		7,083,513	0	7,083,513
32.02	03202 SURGICAL HEART UNIT		4,153,924	0	4,153,924
43.00	04300 NURSERY		1,638,478	0	1,638,478
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		11,069,694	0	11,069,694
50.01	05001 AMBULATORY PRE/POST OP		0	0	0
50.02	03340 GASTROINTESTINAL SERVICES		1,480,264	0	1,480,264
50.03	05002 WOUND CARE CENTER		1,188,434	0	1,188,434
51.00	05100 RECOVERY ROOM		4,155,444	0	4,155,444
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,042,643	0	3,042,643
53.00	05300 ANESTHESIOLOGY		972,032	0	972,032
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,023,458	0	7,023,458
55.00	05500 RADIOLOGY-THERAPEUTIC		1,218,929	0	1,218,929
56.00	05600 RADIOISOTOPE		1,039,578	0	1,039,578
58.00	05800 MRI		1,235,136	0	1,235,136
59.00	05900 CARDIAC CATHETERIZATION		2,537,003	0	2,537,003
60.00	06000 LABORATORY		11,556,365	0	11,556,365
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,161,686	0	1,161,686
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
64.00	06400 INTRAVENOUS THERAPY		3,025,185	0	3,025,185
65.00	06500 RESPIRATORY THERAPY	0	2,229,669	0	2,229,669
66.00	06600 PHYSICAL THERAPY	0	2,962,117	0	2,962,117
69.00	06900 ELECTROCARDIOLOGY		1,479,701	0	1,479,701
70.00	07000 ELECTROENCEPHALOGRAPHY		152,328	0	152,328
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,448,155	0	10,448,155
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,402,164	0	4,402,164
73.00	07300 DRUGS CHARGED TO PATIENTS		23,983,363	0	23,983,363
73.02	07302 INPT RENAL DIALYSIS		762,549	0	762,549
76.97	07697 CARDIAC REHABILITATION		325,376	0	325,376
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OPD		1,787,331	0	1,787,331
91.00	09100 EMERGENCY		9,779,083	0	9,779,083
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,531,137	0	4,531,137
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	0
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		155,013,580	0	155,013,580
201.00	Less Observation Beds		4,531,137		4,531,137
202.00	Total (see instructions)		150,482,443	0	150,482,443

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 12:45 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	88,967,142		88,967,142				30.00
31.00	03100	INTENSIVE CARE UNIT	22,115,680		22,115,680				31.00
32.02	03202	SURGICAL HEART UNIT	11,391,174		11,391,174				32.02
43.00	04300	NURSERY	5,625,272		5,625,272				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,303,497	39,190,095	75,493,592	0.146631	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000		50.01
50.02	03340	GASTROINTESTINAL SERVICES	2,044,703	9,481,781	11,526,484	0.128423	0.000000		50.02
50.03	05002	WOUND CARE CENTER	39,114	3,572,211	3,611,325	0.329085	0.000000		50.03
51.00	05100	RECOVERY ROOM	6,258,163	13,146,652	19,404,815	0.214145	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,274,625	775,828	9,050,453	0.336187	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,843,700	11,766,117	20,609,817	0.047164	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,283,834	46,281,447	75,565,281	0.092946	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	321,194	5,692,534	6,013,728	0.202691	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,011,127	4,769,475	6,780,602	0.153316	0.000000		56.00
58.00	05800	MRI	3,121,101	9,915,207	13,036,308	0.094746	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,267,356	12,220,389	24,487,745	0.103603	0.000000		59.00
60.00	06000	LABORATORY	51,715,160	35,875,032	87,590,192	0.131937	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,337,363	2,424,561	5,761,924	0.201614	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	18,399	3,480,476	3,498,875	0.864616	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,806,948	4,402,562	30,209,510	0.073807	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,257,335	5,549,971	10,807,306	0.274085	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,901,276	13,345,107	26,246,383	0.056377	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194,756	419,888	614,644	0.247831	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,858,093	10,318,364	31,176,457	0.335130	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,289,662	9,263,470	23,553,132	0.186904	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,944,755	117,585,033	181,529,788	0.132118	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	1,664,223	94,697	1,758,920	0.433533	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	424	283,759	284,183	1.144952	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	34,894	12,296,704	12,331,598	0.144939	0.000000		90.01
91.00	09100	EMERGENCY	20,188,564	51,895,477	72,084,041	0.135662	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,859,270	14,562,703	16,421,973	0.275919	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	458,938,804	438,609,540	897,548,344				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	458,938,804	438,609,540	897,548,344				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 12:45 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
32.02	03202	SURGICAL HEART UNIT			32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146631		50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.128423		50.02
50.03	05002	WOUND CARE CENTER	0.329085		50.03
51.00	05100	RECOVERY ROOM	0.214145		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.336187		52.00
53.00	05300	ANESTHESIOLOGY	0.047164		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092946		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202691		55.00
56.00	05600	RADIOISOTOPE	0.153316		56.00
58.00	05800	MRI	0.094746		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103603		59.00
60.00	06000	LABORATORY	0.131937		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.201614		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.864616		64.00
65.00	06500	RESPIRATORY THERAPY	0.073807		65.00
66.00	06600	PHYSICAL THERAPY	0.274085		66.00
69.00	06900	ELECTROCARDIOLOGY	0.056377		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247831		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335130		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.186904		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132118		73.00
73.02	07302	INPT RENAL DIALYSIS	0.433533		73.02
76.97	07697	CARDIAC REHABILITATION	1.144952		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.144939		90.01
91.00	09100	EMERGENCY	0.135662		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.275919		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 12:45 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	28,588,841	28,588,841	0	28,588,841	30.00
31.00	03100 INTENSIVE CARE UNIT	7,083,513	7,083,513	0	7,083,513	31.00
32.02	03202 SURGICAL HEART UNIT	4,153,924	4,153,924	0	4,153,924	32.02
43.00	04300 NURSERY	1,638,478	1,638,478	0	1,638,478	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,069,694	11,069,694	0	11,069,694	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340 GASTROINTESTINAL SERVICES	1,480,264	1,480,264	0	1,480,264	50.02
50.03	05002 WOUND CARE CENTER	1,188,434	1,188,434	0	1,188,434	50.03
51.00	05100 RECOVERY ROOM	4,155,444	4,155,444	0	4,155,444	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,042,643	3,042,643	0	3,042,643	52.00
53.00	05300 ANESTHESIOLOGY	972,032	972,032	0	972,032	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,023,458	7,023,458	0	7,023,458	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,218,929	1,218,929	0	1,218,929	55.00
56.00	05600 RADIOISOTOPE	1,039,578	1,039,578	0	1,039,578	56.00
58.00	05800 MRI	1,235,136	1,235,136	0	1,235,136	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,537,003	2,537,003	0	2,537,003	59.00
60.00	06000 LABORATORY	11,556,365	11,556,365	0	11,556,365	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,161,686	1,161,686	0	1,161,686	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	3,025,185	3,025,185	0	3,025,185	64.00
65.00	06500 RESPIRATORY THERAPY	2,229,669	2,229,669	0	2,229,669	65.00
66.00	06600 PHYSICAL THERAPY	2,962,117	2,962,117	0	2,962,117	66.00
69.00	06900 ELECTROCARDIOLOGY	1,479,701	1,479,701	0	1,479,701	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	152,328	152,328	0	152,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,448,155	10,448,155	0	10,448,155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,402,164	4,402,164	0	4,402,164	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,983,363	23,983,363	0	23,983,363	73.00
73.02	07302 INPT RENAL DIALYSIS	762,549	762,549	0	762,549	73.02
76.97	07697 CARDIAC REHABILITATION	325,376	325,376	0	325,376	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRIPTY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OPD	1,787,331	1,787,331	0	1,787,331	90.01
91.00	09100 EMERGENCY	9,779,083	9,779,083	0	9,779,083	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,531,137	4,531,137	0	4,531,137	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	155,013,580	155,013,580	0	155,013,580	200.00
201.00	Less Observation Beds	4,531,137	4,531,137	0	4,531,137	201.00
202.00	Total (see instructions)	150,482,443	150,482,443	0	150,482,443	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 12:45 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	88,967,142		88,967,142				30.00
31.00	03100	INTENSIVE CARE UNIT	22,115,680		22,115,680				31.00
32.02	03202	SURGICAL HEART UNIT	11,391,174		11,391,174				32.02
43.00	04300	NURSERY	5,625,272		5,625,272				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,303,497	39,190,095	75,493,592	0.146631	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000		50.01
50.02	03340	GASTROINTESTINAL SERVICES	2,044,703	9,481,781	11,526,484	0.128423	0.000000		50.02
50.03	05002	WOUND CARE CENTER	39,114	3,572,211	3,611,325	0.329085	0.000000		50.03
51.00	05100	RECOVERY ROOM	6,258,163	13,146,652	19,404,815	0.214145	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,274,625	775,828	9,050,453	0.336187	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,843,700	11,766,117	20,609,817	0.047164	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,283,834	46,281,447	75,565,281	0.092946	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	321,194	5,692,534	6,013,728	0.202691	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,011,127	4,769,475	6,780,602	0.153316	0.000000		56.00
58.00	05800	MRI	3,121,101	9,915,207	13,036,308	0.094746	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,267,356	12,220,389	24,487,745	0.103603	0.000000		59.00
60.00	06000	LABORATORY	51,715,160	35,875,032	87,590,192	0.131937	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,337,363	2,424,561	5,761,924	0.201614	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	18,399	3,480,476	3,498,875	0.864616	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,806,948	4,402,562	30,209,510	0.073807	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,257,335	5,549,971	10,807,306	0.274085	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,901,276	13,345,107	26,246,383	0.056377	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194,756	419,888	614,644	0.247831	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,858,093	10,318,364	31,176,457	0.335130	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,289,662	9,263,470	23,553,132	0.186904	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,944,755	117,585,033	181,529,788	0.132118	0.000000		73.00
73.02	07302	INPT RENAL DIALYSIS	1,664,223	94,697	1,758,920	0.433533	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	424	283,759	284,183	1.144952	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	34,894	12,296,704	12,331,598	0.144939	0.000000		90.01
91.00	09100	EMERGENCY	20,188,564	51,895,477	72,084,041	0.135662	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,859,270	14,562,703	16,421,973	0.275919	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	458,938,804	438,609,540	897,548,344				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	458,938,804	438,609,540	897,548,344				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 12:45 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.02	03202	SURGICAL HEART UNIT			32.02
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000		50.02
50.03	05002	WOUND CARE CENTER	0.000000		50.03
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0.000000		73.02
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.01	09001	OPD	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/29/2018 12:45 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,314,682	0	3,314,682	28,140	117.79	30.00
31.00	INTENSIVE CARE UNIT	535,690		535,690	3,817	140.34	31.00
32.02	SURGICAL HEART UNIT	404,861		404,861	2,009	201.52	32.02
43.00	NURSERY	110,338		110,338	2,005	55.03	43.00
200.00	Total (lines 30 through 199)	4,365,571		4,365,571	35,971		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,659	1,137,734				
31.00	INTENSIVE CARE UNIT	1,594	223,702				
32.02	SURGICAL HEART UNIT	810	163,231				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	12,063	1,524,667				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,438,544	75,493,592	0.019055	12,593,994	239,979	50.00
50.01	05001 AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340 GASTRO INTESTINAL SERVICES	142,394	11,526,484	0.012354	884,059	10,922	50.02
50.03	05002 WOUND CARE CENTER	127,326	3,611,325	0.035257	37,037	1,306	50.03
51.00	05100 RECOVERY ROOM	462,427	19,404,815	0.023831	2,179,931	51,950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	278,278	9,050,453	0.030747	16,617	511	52.00
53.00	05300 ANESTHESIOLOGY	93,509	20,609,817	0.004537	2,883,255	13,081	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	944,088	75,565,281	0.012494	11,980,398	149,683	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	263,284	6,013,728	0.043780	133,547	5,847	55.00
56.00	05600 RADIOISOTOPE	131,662	6,780,602	0.019417	895,920	17,396	56.00
58.00	05800 MRI	455,251	13,036,308	0.034922	1,176,260	41,077	58.00
59.00	05900 CARDIAC CATHETERIZATION	395,849	24,487,745	0.016165	4,881,433	78,908	59.00
60.00	06000 LABORATORY	917,615	87,590,192	0.010476	21,607,766	226,363	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	56,472	5,761,924	0.009801	1,236,321	12,117	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400 INTRAVENOUS THERAPY	336,737	3,498,875	0.096242	11,476	1,104	64.00
65.00	06500 RESPIRATORY THERAPY	218,778	30,209,510	0.007242	10,934,412	79,187	65.00
66.00	06600 PHYSICAL THERAPY	208,424	10,807,306	0.019285	2,456,462	47,373	66.00
69.00	06900 ELECTROCARDIOLOGY	183,110	26,246,383	0.006977	5,836,217	40,719	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28,867	614,644	0.046965	94,463	4,436	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	418,183	31,176,457	0.013413	8,636,868	115,846	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	143,439	23,553,132	0.006090	6,075,034	36,997	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,014,509	181,529,788	0.005589	25,052,610	140,019	73.00
73.02	07302 INPT RENAL DIALYSIS	38,430	1,758,920	0.021849	867,058	18,944	73.02
76.97	07697 CARDIAC REHABILITATION	59,038	284,183	0.207746	424	88	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OPD	285,492	12,331,598	0.023151	0	0	90.01
91.00	09100 EMERGENCY	777,867	72,084,041	0.010791	8,197,310	88,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	525,354	16,421,973	0.031991	842,717	26,959	92.00
200.00	Total (lines 50 through 199)	9,944,927	769,449,076		129,511,589	1,449,269	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 12:45 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		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	0	32.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	28,140	0.00	9,659	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,817	0.00	1,594	31.00	
32.02	03202	SURGICAL HEART UNIT		0	2,009	0.00	810	32.02	
43.00	04300	NURSERY		0	2,005	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	35,971		12,063	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.02	03202	SURGICAL HEART UNIT	0						32.02
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description	Title XVIII			Hospital		PPS		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
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	0	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
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	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	264,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	264,525	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 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	75,493,592	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	11,526,484	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	3,611,325	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	19,404,815	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,050,453	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,609,817	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	75,565,281	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,013,728	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,780,602	0.000000	56.00
58.00	05800	MRI	0	0	0	13,036,308	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,487,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,590,192	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,761,924	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,498,875	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,209,510	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,807,306	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,246,383	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	614,644	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,176,457	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,553,132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	181,529,788	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	1,758,920	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	284,183	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	12,331,598	0.000000	90.01
91.00	09100	EMERGENCY	0	264,525	264,525	72,084,041	0.003670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,421,973	0.000000	92.00
200.00		Total (lines 50 through 199)	0	264,525	264,525	769,449,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	12,593,994	0	8,873,850	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000	884,059	0	2,789,299	0	50.02
50.03	05002	WOUND CARE CENTER	0.000000	37,037	0	1,258,992	0	50.03
51.00	05100	RECOVERY ROOM	0.000000	2,179,931	0	3,039,948	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	16,617	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,883,255	0	2,863,676	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,980,398	0	12,999,567	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	133,547	0	1,840,206	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	895,920	0	1,639,283	0	56.00
58.00	05800	MRI	0.000000	1,176,260	0	2,794,867	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,881,433	0	6,156,753	0	59.00
60.00	06000	LABORATORY	0.000000	21,607,766	0	7,425,530	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	1,236,321	0	987,712	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	11,476	0	1,557,293	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	10,934,412	0	875,692	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,456,462	0	196,044	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,836,217	0	4,446,771	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	94,463	0	126,934	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,636,868	0	2,461,031	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,075,034	0	3,423,817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	25,052,610	0	47,102,005	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0.000000	867,058	0	34,290	0	73.02
76.97	07697	CARDIAC REHABILITATION	0.000000	424	0	107,668	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.000000	0	0	866,492	0	90.01
91.00	09100	EMERGENCY	0.003670	8,197,310	30,084	7,822,912	28,710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	842,717	0	4,394,062	0	92.00
200.00		Total (lines 50 through 199)		129,511,589	30,084	126,084,694	28,710	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 12:45 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	0.146631	8,873,850	0	0	1,301,181	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.128423	2,789,299	0	0	358,210	50.02
50.03	05002	WOUND CARE CENTER	0.329085	1,258,992	0	0	414,315	50.03
51.00	05100	RECOVERY ROOM	0.214145	3,039,948	0	0	650,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.336187	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.047164	2,863,676	0	0	135,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092946	12,999,567	0	0	1,208,258	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202691	1,840,206	0	0	372,993	55.00
56.00	05600	RADIOISOTOPE	0.153316	1,639,283	0	0	251,328	56.00
58.00	05800	MRI	0.094746	2,794,867	0	0	264,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103603	6,156,753	0	0	637,858	59.00
60.00	06000	LABORATORY	0.131937	7,425,530	485	0	979,702	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.201614	987,712	22	0	199,137	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.864616	1,557,293	28	0	1,346,460	64.00
65.00	06500	RESPIRATORY THERAPY	0.073807	875,692	0	0	64,632	65.00
66.00	06600	PHYSICAL THERAPY	0.274085	196,044	0	0	53,733	66.00
69.00	06900	ELECTROCARDIOLOGY	0.056377	4,446,771	0	0	250,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247831	126,934	0	0	31,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335130	2,461,031	0	0	824,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.186904	3,423,817	0	0	639,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132118	47,102,005	0	231,287	6,223,023	73.00
73.02	07302	INPT RENAL DIALYSIS	0.433533	34,290	0	0	14,866	73.02
76.97	07697	CARDIAC REHABILITATION	1.144952	107,668	0	0	123,275	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.144939	866,492	0	0	125,588	90.01
91.00	09100	EMERGENCY	0.135662	7,822,912	0	0	1,061,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.275919	4,394,062	0	0	1,212,405	92.00
200.00		Subtotal (see instructions)		126,084,694	535	231,287	18,745,934	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		126,084,694	535	231,287	18,745,934	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 12:45 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	0	0		50.00
50.01 05001 AMBULATORY PRE/POST OP	0	0		50.01
50.02 03340 GASTRO INTESTINAL SERVICES	0	0		50.02
50.03 05002 WOUND CARE CENTER	0	0		50.03
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
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	64	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
64.00 06400 INTRAVENOUS THERAPY	24	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	30,557		73.00
73.02 07302 INPT RENAL DIALYSIS	0	0		73.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OPD	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	92	30,557		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	92	30,557		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description	Title XIX			Hospital		Allied Health	Allied Health	Cost
	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
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
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	0	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
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	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	264,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	264,525	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		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	75,493,592	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	11,526,484	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	3,611,325	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	19,404,815	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,050,453	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,609,817	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	75,565,281	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,013,728	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,780,602	0.000000	56.00
58.00	05800	MRI	0	0	0	13,036,308	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,487,745	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,590,192	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,761,924	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,498,875	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,209,510	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,807,306	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,246,383	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	614,644	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,176,457	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,553,132	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	181,529,788	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	1,758,920	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	284,183	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	12,331,598	0.000000	90.01
91.00	09100	EMERGENCY	0	264,525	264,525	72,084,041	0.003670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,421,973	0.000000	92.00
200.00		Total (lines 50 through 199)	0	264,525	264,525	769,449,076		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 12:45 pm
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Cost Center Description	Title XIX			Hospital		Cost
	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
50.01 05001 AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02 03340 GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	50.02
50.03 05002 WOUND CARE CENTER	0.000000	0	0	0	0	50.03
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	0.000000	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
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	0.000000	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
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
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	0.000000	0	0	0	0	73.00
73.02 07302 INPT RENAL DIALYSIS	0.000000	0	0	0	0	73.02
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OPD	0.000000	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.003670	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2018 12:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,140	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,140	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.		23,005	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		675	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,659	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)		28,588,841	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)		28,588,841	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		88,249,497	28.00
29.00	Private room charges (excluding swing-bed charges)		86,025,667	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,223,830	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.323955	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,739.43	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,294.56	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		444.87	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		144.12	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		3,315,481	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,273,360	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)		1,015.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,813,061	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)		9,813,061	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,083,513	3,817	1,855.78	1,594	2,958,113	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,153,924	2,009	2,067.66	810	1,674,805	44.02
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)					18,479,511	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,925,490	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,524,667	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,479,353	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,004,020	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,921,470	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)					4,460	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,015.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,531,137	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 12:45 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,314,682	28,588,841	0.115943	4,531,137	525,354	90.00
91.00	Nursing School cost	0	28,588,841	0.000000	4,531,137	0	91.00
92.00	Allied health cost	0	28,588,841	0.000000	4,531,137	0	92.00
93.00	All other Medical Education	0	28,588,841	0.000000	4,531,137	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2018 12:45 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,140	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,140	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.		24,780	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		-1,100	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,391	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,005	15.00
16.00	Nursery days (title V or XIX only)		1,470	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)		28,588,841	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)		28,588,841	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)		28,588,841	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)		1,015.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,413,186	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,413,186	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,638,478	2,005	817.20	1,470	1,201,284	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,083,513	3,817	1,855.78	167	309,915	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	4,153,924	2,009	2,067.66	155	320,487	44.02
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,244,872	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					4,460	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,015.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,531,137	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 12:45 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	3,314,682	28,588,841	0.115943	4,531,137	525,354	90.00
91.00	Nursing School cost	0	28,588,841	0.000000	4,531,137	0	91.00
92.00	Allied health cost	0	28,588,841	0.000000	4,531,137	0	92.00
93.00	All other Medical Education	0	28,588,841	0.000000	4,531,137	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 12:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		37,962,060	31.00
32.02	03202	SURGICAL HEART UNIT		9,241,590	32.02
43.00	04300	NURSERY		4,559,873	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146631	12,593,994	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.128423	884,059	50.02
50.03	05002	WOUND CARE CENTER	0.329085	37,037	50.03
51.00	05100	RECOVERY ROOM	0.214145	2,179,931	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.336187	16,617	52.00
53.00	05300	ANESTHESIOLOGY	0.047164	2,883,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092946	11,980,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.202691	133,547	55.00
56.00	05600	RADIOISOTOPE	0.153316	895,920	56.00
58.00	05800	MRI	0.094746	1,176,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103603	4,881,433	59.00
60.00	06000	LABORATORY	0.131937	21,607,766	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.201614	1,236,321	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.864616	11,476	64.00
65.00	06500	RESPIRATORY THERAPY	0.073807	10,934,412	65.00
66.00	06600	PHYSICAL THERAPY	0.274085	2,456,462	66.00
69.00	06900	ELECTROCARDIOLOGY	0.056377	5,836,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247831	94,463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335130	8,636,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.186904	6,075,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132118	25,052,610	73.00
73.02	07302	INPT RENAL DIALYSIS	0.433533	867,058	73.02
76.97	07697	CARDIAC REHABILITATION	1.144952	424	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.144939	0	90.01
91.00	09100	EMERGENCY	0.135662	8,197,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.275919	842,717	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		129,511,589	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)		129,511,589	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 12:45 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)		18,095,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,583,409	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)		500,233	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		7,126,616	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		182.78	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)		100.42	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)		12.07	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)		9.31	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.		0.72	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).		-3.02	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)		99.44	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		97.81	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.08	11.00
12.00	Current year allowable FTE (see instructions)		97.89	12.00
13.00	Total allowable FTE count for the prior year.		96.12	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.		95.23	14.00
15.00	Sum of lines 12 through 14 divided by 3.		96.41	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		96.41	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.527465	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.532079	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.527465	21.00
22.00	IME payment adjustment (see instructions)		6,235,339	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,800,632	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)		-1.63	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)		6,235,339	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,800,632	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.98	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.95	31.00
32.00	Sum of lines 30 and 31		40.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,417,779	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 12:45 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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000275757	0.000282234	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,648,330	1,909,792	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,232,860	481,373	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,714,233		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	34,546,063		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)		36,346,695	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,002,920	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).		3,282,724	52.00
53.00	Nursing and Allied Health Managed Care payment		76,503	53.00
54.00	Special add-on payments for new technologies		1,036	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)		30,084	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,739,962	59.00
60.00	Primary payer payments		12,444	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,727,518	61.00
62.00	Deductibles billed to program beneficiaries		2,335,060	62.00
63.00	Coinurance billed to program beneficiaries		120,743	63.00
64.00	Allowable bad debts (see instructions)		609,169	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		395,960	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		380,708	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,667,675	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-130,548	70.93
70.94	HRR adjustment amount (see instructions)		-376,452	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 12:45 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)		40,160,675	71.00
71.01	Sequestration adjustment (see instructions)		803,214	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		38,978,163	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)		379,298	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		174,663	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 (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 12:45 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,095,070	0	18,095,070		18,095,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,583,409	0		6,583,409	6,583,409	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	500,233	0	406,471	93,762	500,233	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,126,616	0	5,476,374	1,650,241	7,126,615	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.527465	0.527465	0.527465	0.527465		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,235,339	0	4,571,955	1,663,384	6,235,339	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,800,632	0	1,800,632	0	1,800,632	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,235,339	0	4,571,955	1,663,384	6,235,339	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,800,632	0	1,800,632	0	1,800,632	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2298	0.2298	0.2298	0.2298		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,417,779	0	1,039,562	378,217	1,417,779	11.00
11.01	Uncompensated care payments	36.00	1,714,233	0	1,635,482	415,470	2,050,952	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,546,063	0	25,411,821	9,134,242	34,546,063	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,346,695	0	27,212,453	9,134,242	36,346,695	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,002,920	0	2,198,407	804,513	3,002,920	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 12:45 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	29,411,896	9,938,755	39,350,651	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,000,792	0	1,464,606	536,186	2,000,792	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,348	0	29,765	10,583	40,348	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3943	0.3943	0.3943	0.3943		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	788,912	0	577,494	211,418	788,912	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0864	0.0864	0.0864	0.0864		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,868	0	126,542	46,326	172,868	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,002,920	0	2,198,407	804,513	3,002,920	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 12:45 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 (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,095,070	18,095,070		18,095,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,583,409		6,583,409	6,583,409	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	500,233	406,471	93,762	500,233	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	7,126,616	5,476,374	1,650,241	7,126,615	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.527465	0.527465	0.527465		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,235,339	4,571,955	1,663,384	6,235,339	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,800,632	1,383,677	416,955	1,800,632	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	6,235,339	4,571,955	1,663,384	6,235,339	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,800,632	1,383,677	416,955	1,800,632	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2298	0.2298	0.2298		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,417,779	1,039,562	378,217	1,417,779	11.00
11.01	Uncompensated care payments	36.00	1,714,233	1,232,860	481,373	1,714,233	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	34,546,063	25,345,918	9,200,145	34,546,063	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	36,346,695	26,729,595	9,617,100	36,346,695	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,002,920	2,198,407	804,513	3,002,920	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			28,929,038	10,421,613	39,350,651	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 12:45 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	2,000,792	1,464,606	536,186	2,000,792	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	40,348	29,765	10,583	40,348	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	0.3943	0.3943	0.3943		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	788,912	577,494	211,418	788,912	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0864	0.0864	0.0864		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,868	126,542	46,326	172,868	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,002,920	2,198,407	804,513	3,002,920	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	-130,548	-111,803	-18,745	-130,548	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	-376,452	-260,584	-115,868	-376,452	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: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 12:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,649	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,717,224	2.00
3.00	OPPS payments		18,631,347	3.00
4.00	Outlier payment (see instructions)		149,477	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		28,710	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,649	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		231,822	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)		231,822	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)		231,822	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		201,173	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		30,649	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)		18,809,534	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)		3,458,056	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)		15,382,127	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,872,016	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)		17,254,143	30.00
31.00	Primary payer payments		7,525	31.00
32.00	Subtotal (line 30 minus line 31)		17,246,618	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		329,700	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		214,305	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		113,139	36.00
37.00	Subtotal (see instructions)		17,460,923	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-50	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)		17,460,973	40.00
40.01	Sequestration adjustment (see instructions)		349,219	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,015,958	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		95,796	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: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/29/2018 12:45 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		35,238,333		15,021,045	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		3,739,830		1,994,913	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,978,163		17,015,958	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		379,298		95,796	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,357,461		17,111,754	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0080

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2018 12:45 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 IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 12:45 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		3,244,872		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,244,872	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,244,872	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,244,872	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		3,244,872	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080		Period: From 01/01/2017 To 12/31/2017		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 5/29/2018 12:45 pm	
				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.					100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					11.15	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)					1.36	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))					-2.20	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)					97.78	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					97.81	6.00
7.00	Enter the lesser of line 5 or line 6					97.78	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.	60.21	37.09	97.30		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.	60.19	37.08	97.27		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.08			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	60.19	37.16			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.49	36.61			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.48	35.51			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	59.05	36.43			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	59.05	36.43			17.00	
18.00	Per resident amount	108,571.25	102,766.96			18.00	
19.00	Approved amount for resident costs	6,411,132	3,743,800	10,154,932		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)			0.03		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)			10,154,932		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	12,063	3,614			26.00	
27.00	Total Inpatient Days (see instructions)	29,878	29,878			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.403742	0.120959			28.00	
29.00	Program direct GME amount	4,099,973	1,228,330			29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		173,563			30.00	
31.00	Net Program direct GME amount			5,154,740		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 12:45 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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		32,925,490	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)		12,444	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,913,046	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,776,583	42.00
43.00	Primary payer payments (see instructions)		7,525	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,769,058	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,682,104	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.636836	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.363164	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,154,740	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,282,724	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,872,016	50.00

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

Provider CCN: 14-0080

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

Worksheet G
Date/Time Prepared:
5/29/2018 12:45 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	43,627	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	114,751,651	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-87,257,737	0	0	0	6.00
7.00	Inventory	5,218,987	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,610,648	0	0	0	9.00
10.00	Due from other funds	1,302,496	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	39,669,672	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,716,880	0	0	0	12.00
13.00	Land improvements	794,529	0	0	0	13.00
14.00	Accumulated depreciation	-514,527	0	0	0	14.00
15.00	Buildings	97,182,331	0	0	0	15.00
16.00	Accumulated depreciation	-67,969,401	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	78,294,288	0	0	0	23.00
24.00	Accumulated depreciation	-58,658,551	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	57,845,549	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	97,515,221	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	674,803	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	9,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	683,807	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	683,807	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	96,831,414	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)	96,831,414	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	97,515,221	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 12:45 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		44,583,786		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,318,923				2.00
3.00	Total (sum of line 1 and line 2)		46,902,709		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	49,928,705		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		49,928,705		0		10.00
11.00	Subtotal (line 3 plus line 10)		96,831,414		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		96,831,414		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0080

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 12:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	94,592,414		94,592,414	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	94,592,414		94,592,414	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,115,680		22,115,680	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	11,391,174		11,391,174	12.02
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,506,854		33,506,854	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	128,099,268		128,099,268	17.00
18.00	Ancillary services	330,839,536	438,609,540	769,449,076	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	458,938,804	438,609,540	897,548,344	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		177,023,133		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CHILD CARE CENTER EXPENSES	1,078,772			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)		1,078,772		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,944,361		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/29/2018 12:45 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	897,548,344	1.00
2.00	Less contractual allowances and discounts on patients' accounts	723,816,303	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,732,041	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,944,361	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,212,320	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	317,429	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	16,528	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	690,525	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	48,058	21.00
22.00	Rental of hospital space	120,663	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	1,323,113	24.00
24.01	REFERENCE LAB	8,217	24.01
24.02	GRANTS	12,142	24.02
24.04	MISCELLANEOUS REVENUE	403,491	24.04
24.05	BLUE CROSS BONUS	825,880	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	382,813	24.07
24.08	EMS REVENUE	225,975	24.08
24.09	340 B CONTRACT REVENUE	1,235,181	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OTHER (SPECIFY)	0	24.11
25.00	Total other income (sum of lines 6-24)	5,610,015	25.00
26.00	Total (line 5 plus line 25)	3,397,695	26.00
27.00	CHILD CARE CENTER	1,078,772	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,078,772	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,318,923	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 12:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,000,792	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,348	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)		81.86	3.00
4.00	Number of interns & residents (see instructions)		96.41	4.00
5.00	Indirect medical education percentage (see instructions)		39.43	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)		788,912	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.95	8.00
9.00	Sum of lines 7 and 8		40.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.64	10.00
11.00	Disproportionate share adjustment (see instructions)		172,868	11.00
12.00	Total prospective capital payments (see instructions)		3,002,920	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