

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: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 11:04 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/29/2018 Time: 11:04 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER ( 14-0117 ) 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) ROBERT ROSENBERGER  
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER  
 Title

05/29/2018 11:04:52 AM  
 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	103,291	-62,618	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	121,347	3	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	42	0	0	0	7.00
200.00 Total	0	224,680	-62,615	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: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:03 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 7435 WEST TALCOTT			PO Box:				1.00				
2.00	City: CHI CAGO			State: IL		Zip Code: 60631		County: COOK			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF		RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	O	5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF		RESURRECTION NURSING PAVILION	145324	16974		02/01/1980	N	P	O	9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis		RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004				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		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,585	1,926	0	0	1,615	360	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			44	0	0	0	430		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:03 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						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	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		48.00	
<b>Teaching Hospitals</b>							
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)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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.				Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N			76.00

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			1.00				
<b>Long Term Care Hospital PPS</b>							
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			
<b>TEFRA Providers</b>							
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 1.00	XIX 2.00			
<b>Title V and XIX Services</b>							
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		
<b>Rural Providers</b>							
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109.00
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:03 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
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	6,933,241	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		5.60	122.00
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
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 REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:03 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2016			1.00	
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A			4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y				11.00	
						Y/N	
						1.00	
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: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:03 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
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.	LEGERI	VASELOPULOS		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.	847-813-3763	LVASELOPULOS@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0117

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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: 14-0117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	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	186	60,128	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)		186	60,128	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	12,322	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		227	72,450	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,155		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	108,770		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		572				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)		17	6,205			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: 14-0117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,869	5,232	45,040			1.00
2.00 HMO and other (see instructions)	8,947	1,018				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	1,068	430				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,869	5,232	45,040			7.00
8.00 INTENSIVE CARE UNIT	2,936	1,005	8,942			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		989	1,875			13.00
14.00 Total (see instructions)	26,805	7,226	55,857	74.18	1,337.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	7,700	44	11,011	0.00	54.84	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	15,584	38,755	71,913	0.00	130.64	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				74.18	1,523.40	27.00
28.00 Observation Bed Days		63	2,709			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	242	522			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			9			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: 14-0117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,278	2,091	12,607	1.00
2.00 HMO and other (see instructions)			1,691	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,278	2,091	12,607	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	619	25	867	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/29/2018 11:03 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	97,444,611	0	97,444,611	3,168,655.00	30.75	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,484,426	0	1,484,426	16,835.00	88.17	4.00
4.01	Physicians - Part A - Teaching		2,364,690	0	2,364,690	21,629.00	109.33	4.01
5.00	Physician and Non Physician-Part B		966,406	0	966,406	6,360.00	151.95	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	5,152,091	5,152,091	191,189.00	26.95	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	7,020,084	93,612	7,113,696	271,729.00	26.18	9.00
10.00	Excluded area salaries (see instructions)		3,792,525	11,956	3,804,481	114,060.00	33.36	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		6,353,983	0	6,353,983	155,602.00	40.83	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		17,467,762	0	17,467,762	404,549.00	43.18	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		20,946,335	0	20,946,335			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,906,222	0	2,906,222			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		208,096	0	208,096			22.00
22.01	Physician Part A - Teaching		267,366	0	267,366			22.01
23.00	Physician Part B		78,612	0	78,612			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,046,925	0	1,046,925			25.00
25.50	Home office wage-related (core)		4,652,966	0	4,652,966			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	161,492	0	161,492	43,274.00	3.73	26.00
27.00	Administrative & General	5.00	4,385,869	789,481	5,175,350	178,155.00	29.05	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		6,416,912	0	6,416,912	34,611.00	185.40	28.00
29.00	Maintenance & Repairs	6.00	77,590	0	77,590	3,819.00	20.32	29.00
30.00	Operation of Plant	7.00	2,461,983	-883,093	1,578,890	100,178.00	15.76	30.00
31.00	Laundry & Linen Service	8.00	299,557	0	299,557	22,076.00	13.57	31.00
32.00	Housekeeping	9.00	1,962,437	0	1,962,437	149,927.00	13.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,483,335	-1,018,485	464,850	31,003.00	14.99	34.00
35.00	Dietary under contract (see instructions)		1,081,342	0	1,081,342	18,931.00	57.12	35.00
36.00	Cafeteria	11.00	0	1,006,529	1,006,529	67,130.00	14.99	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,215,065	0	2,215,065	56,831.00	38.98	38.00
39.00	Central Services and Supply	14.00	383,004	0	383,004	21,535.00	17.79	39.00
40.00	Pharmacy	15.00	2,328,695	0	2,328,695	57,637.00	40.40	40.00
41.00	Medical Records & Medical Records Library	16.00	2,767,292	0	2,767,292	66,004.00	41.93	41.00
42.00	Social Service	17.00	124,791	0	124,791	5,892.00	21.18	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2018 11:03 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	101,611,769	-5,152,091	96,459,678	3,003,019.00	32.12	1.00
2.00	Excluded area salaries (see instructions)	10,812,609	105,568	10,918,177	385,789.00	28.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	90,799,160	-5,257,659	85,541,501	2,617,230.00	32.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,821,745	0	23,821,745	560,151.00	42.53	4.00
5.00	Subtotal wage-related costs (see inst.)	25,807,397	0	25,807,397	0.00	30.17	5.00
6.00	Total (sum of lines 3 thru 5)	140,428,302	-5,257,659	135,170,643	3,177,381.00	42.54	6.00
7.00	Total overhead cost (see instructions)	26,149,364	-105,568	26,043,796	857,003.00	30.39	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 11:03 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			3,957,509 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)			3,422,048 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			8,886,443 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			257,197 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			56,390 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)			292,039 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,236,748 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			7,024,219 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			126,971 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			193,994 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			25,453,558 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 11:03 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		6,353,983	25,453,558
2.00	Hospital		6,353,983	20,946,337
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	4,507,221

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:  
5/29/2018 11:03 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	12	0	0	0			6.00			
7.00	Treatment capacity per day per station	3	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						5		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-5 Date/Time Prepared: 5/29/2018 11:03 am
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:  
5/29/2018 11:03 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	2	0	2	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	3	0	3	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,528	0	1,528	12.00
13.00	RUB	7,542	0	7,542	13.00
14.00	RUA	2,873	0	2,873	14.00
15.00	RVC	869	0	869	15.00
16.00	RVB	1,618	0	1,618	16.00
17.00	RVA	376	0	376	17.00
18.00	RHC	177	0	177	18.00
19.00	RHB	104	0	104	19.00
20.00	RHA	24	0	24	20.00
21.00	RMC	40	0	40	21.00
22.00	RMB	69	0	69	22.00
23.00	RMA	1	0	1	23.00
24.00	RLB	8	0	8	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	13	0	13	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	20	0	20	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	18	0	18	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	16	0	16	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	87	0	87	38.00
39.00	LD2	4	0	4	39.00
40.00	LD1	19	0	19	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	15	0	15	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	24	0	24	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	25	0	25	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	38	0	38	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	16	0	16	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	2	0	2	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:  
5/29/2018 11:03 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	11	0	11	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	23	0	23	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	9	0	9	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	5	0	5	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	2	0	2	199.00
200.00	TOTAL		15,584	0	15,584	200.00

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

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		20,572,318		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 11:03 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.177699	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,947,515	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			179,721,852	6.00
7.00	Medicaid cost (line 1 times line 6)			31,936,393	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)			988,878	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			988,878	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	12,754,786	1,846,361	14,601,147	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,266,513	1,846,361	4,112,874	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,266,513	1,846,361	4,112,874	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			3,683,651	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			534,819	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			822,798	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,860,853	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			796,350	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,909,224	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,898,102	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0117		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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		7,200,473	7,200,473	4,147,249	11,347,722	1.00
2.00	00200		0	0	4,121,670	4,121,670	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	161,492	-175,842	-14,350	22,718,517	22,704,167	4.00
5.10	01160	0	178,616	178,616	-206	178,410	5.10
5.20	00550	0	0	0	0	0	5.20
5.30	00560	0	0	0	0	0	5.30
5.50	00580	0	-182	-182	0	-182	5.50
5.60	00592	3,623,424	54,516,056	58,139,480	32,414	58,171,894	5.60
5.90	00593	762,445	5,379,534	6,141,979	-2,782,993	3,358,986	5.90
6.00	00600	77,590	234,159	311,749	-36,521	275,228	6.00
7.00	00700	2,357,095	9,921,800	12,278,895	-2,314,464	9,964,431	7.00
7.01	00701	0	0	0	0	0	7.01
7.02	00702	104,888	743,591	848,479	-124,494	723,985	7.02
8.00	00800	125,265	897,137	1,022,402	-51,015	971,387	8.00
8.01	00801	174,292	107,518	281,810	-76,485	205,325	8.01
9.00	00900	1,608,434	2,451,285	4,059,719	-805,003	3,254,716	9.00
9.01	00901	354,003	298,519	652,522	-139,339	513,183	9.01
10.00	01000	1,483,335	3,144,323	4,627,658	-3,380,867	1,246,791	10.00
10.01	01001	0	1,529,873	1,529,873	-11,991	1,517,882	10.01
11.00	01100	0	0	0	2,705,890	2,705,890	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,215,065	1,661,066	3,876,131	-984,085	2,892,046	13.00
14.00	01400	383,004	-3,302	379,702	-248,557	131,145	14.00
15.00	01500	2,328,695	9,709,445	12,038,140	-9,355,078	2,683,062	15.00
16.00	01600	2,767,292	1,716,539	4,483,831	-557,615	3,926,216	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	124,791	73,205	197,996	-35,714	162,282	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	2,444,849	2,444,849	5,152,091	7,596,940	21.00
22.00	02200	4,680,311	6,344,120	11,024,431	-4,422,290	6,602,141	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	17,880,742	6,470,061	24,350,803	-5,632,096	18,718,707	30.00
31.00	03100	6,606,837	2,733,933	9,340,770	-2,226,424	7,114,346	31.00
41.00	04100	3,583,241	1,082,365	4,665,606	-977,999	3,687,607	41.00
43.00	04300	875,067	1,072,690	1,947,757	-194,737	1,753,020	43.00
44.00	04400	7,020,084	3,329,657	10,349,741	-1,742,732	8,607,009	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,736,603	22,225,892	25,962,495	-18,669,785	7,292,710	50.00
50.01	03330	2,284,199	1,357,295	3,641,494	-890,052	2,751,442	50.01
51.00	05100	852,531	211,892	1,064,423	-204,336	860,087	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	165,256	1,411,672	1,576,928	-486,379	1,090,549	53.00
54.00	05400	3,988,187	4,797,764	8,785,951	-3,514,111	5,271,840	54.00
55.00	05500	961,537	2,046,719	3,008,256	-347,518	2,660,738	55.00
56.00	05600	1,159,770	909,774	2,069,544	-21,581	2,047,963	56.00
57.00	05700	699,599	443,421	1,143,020	-251,378	891,642	57.00
58.00	05800	436,707	538,985	975,692	-250,517	725,175	58.00
59.00	05900	1,458,716	6,372,091	7,830,807	-5,432,242	2,398,565	59.00
60.00	06000	0	10,664,233	10,664,233	-129,106	10,535,127	60.00
62.00	06200	0	1,067,187	1,067,187	-2,912	1,064,275	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,850,873	931,004	2,781,877	-881,665	1,900,212	65.00
66.00	06600	3,165,233	772,076	3,937,309	-791,060	3,146,249	66.00
66.01	06601	1,927,260	392,529	2,319,789	-368,128	1,951,661	66.01
66.02	06602	603,435	317,760	921,195	-146,784	774,411	66.02
67.00	06700	1,583,728	360,852	1,944,580	-294,002	1,650,578	67.00
68.00	06800	1,046,236	620,228	1,666,464	-588,523	1,077,941	68.00
69.00	06900	752,754	1,288,748	2,041,502	-291,996	1,749,506	69.00
70.00	07000	256,668	1,480,809	1,737,477	-54,075	1,683,402	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	14,082,632	14,082,632	71.00
72.00	07200	0	0	0	14,271,260	14,271,260	72.00
73.00	07300	0	0	0	12,404,383	12,404,383	73.00
74.00	07400	626,720	859,857	1,486,577	-264,066	1,222,511	74.00
76.97	07697	484,673	307,460	792,133	-113,252	678,881	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet A		
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		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	598,724	318,203	916,927	-111,154	805,773	90.00
90.01	09001	WELLNESS PROGRAM	184,746	86,674	271,420	-46,938	224,482	90.01
90.02	09002	WOUND CARE CENTER	255,185	1,209,171	1,464,356	-643,441	820,915	90.02
91.00	09100	EMERGENCY	4,109,395	2,612,635	6,722,030	-1,691,350	5,030,680	91.00
91.01	04040	FAMILY PRACTICE	3,153,155	1,219,240	4,372,395	-2,670,590	1,701,805	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,596,045	522,562	2,118,607	-484,234	1,634,373	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		3,891,801	3,891,801	-3,891,801	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,235,327	192,300,022	289,535,349	2,425	289,537,774	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	1,966	1,966	32,113	34,079	193.00
194.00	07950	OTHER	209,284	34,938	244,222	-34,538	209,684	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	97,444,611	192,336,926	289,781,537	0	289,781,537	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	964,882	12,312,604	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	35,864	4,157,534	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-350,195	22,353,972	4.00
5.10	01160	COMMUNICATIONS	0	178,410	5.10
5.20	00550	DATA PROCESSING	4,106,333	4,106,333	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,722,578	3,722,396	5.50
5.60	00592	ADMINISTRATION & GENERAL	-13,265,354	44,906,540	5.60
5.90	00593	RNP ADMINISTRATION	-4,979	3,354,007	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	275,228	6.00
7.00	00700	OPERATION OF PLANT	-28,270	9,936,161	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	723,985	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	971,387	8.00
8.01	00801	RNP LAUNDRY	-19,149	186,176	8.01
9.00	00900	HOUSEKEEPING	0	3,254,716	9.00
9.01	00901	RNP HOUSEKEEPING	0	513,183	9.01
10.00	01000	DIETARY	-1,118,055	128,736	10.00
10.01	01001	RNP DIETARY	-26,514	1,491,368	10.01
11.00	01100	CAFETERIA	0	2,705,890	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-431,590	2,460,456	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	263,819	394,964	14.00
15.00	01500	PHARMACY	0	2,683,062	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,404,215	6,330,431	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	162,282	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,596,940	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-157,901	6,444,240	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-68	18,718,639	30.00
31.00	03100	INTENSIVE CARE UNIT	622,437	7,736,783	31.00
41.00	04100	SUBPROVIDER - IIRF	98,185	3,785,792	41.00
43.00	04300	NURSERY	-725,624	1,027,396	43.00
44.00	04400	SKILLED NURSING FACILITY	-4,525	8,602,484	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-827,255	6,465,455	50.00
50.01	03330	AMBULATORY SURGERY	0	2,751,442	50.01
51.00	05100	RECOVERY ROOM	0	860,087	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-910,410	180,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,432,735	3,839,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-22,763	2,637,975	55.00
56.00	05600	RADIOISOTOPE	0	2,047,963	56.00
57.00	05700	CT SCAN	0	891,642	57.00
58.00	05800	MRI	0	725,175	58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,574	2,388,991	59.00
60.00	06000	LABORATORY	251,502	10,786,629	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,064,275	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,900,212	65.00
66.00	06600	PHYSICAL THERAPY	0	3,146,249	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,951,661	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	774,411	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,650,578	67.00
68.00	06800	SPEECH PATHOLOGY	-4,358	1,073,583	68.00
69.00	06900	ELECTROCARDIOLOGY	-825,563	923,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,539,585	143,817	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,082,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,271,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,404,383	73.00
74.00	07400	RENAL DIALYSIS	0	1,222,511	74.00
76.97	07697	CARDIAC REHABILITATION	-80,249	598,632	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-479,915	325,858	90.00
90.01	09001	WELLNESS PROGRAM	-43,342	181,140	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CARE CENTER	0	820,915	90.02
91.00	09100	EMERGENCY	-420,421	4,610,259	91.00
91.01	04040	FAMILY PRACTICE	-163,648	1,538,157	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,634,373	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,422,227	279,115,547	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	34,079	193.00
194.00	07950	OTHER	0	209,684	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,422,227	279,359,310	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:  
5/29/2018 11:03 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,733,274	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
<b>TOTALS</b>			0	22,733,274	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,404,383	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

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:  
5/29/2018 11:03 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	<b>TOTALS</b>		0	12,404,383		
<b>C - SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,082,632		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	<b>TOTALS</b>		0	14,082,632		
<b>D - IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,271,260		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

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:  
5/29/2018 11:03 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
<b>TOTALS</b>					
			0	14,271,260	
<b>E - CAPITAL INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,891,801	1.00
2.00		0.00	0	0	2.00
<b>TOTALS</b>					
			0	3,891,801	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	1,006,529	1,699,361	1.00
2.00	NONPAID WORKERS	193.00	11,956	20,186	2.00
<b>TOTALS</b>					
			1,018,485	1,719,547	
<b>G - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	255,448	1.00
2.00		0.00	0	0	2.00
<b>TOTALS</b>					
			0	255,448	
<b>H - NURSE ADMIN</b>					
1.00	SKILLED NURSING FACILITY	44.00	93,612	159,827	1.00
<b>TOTALS</b>					
			93,612	159,827	
<b>I - RADIOLOGY ADMIN</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	146,150	112,029	1.00
2.00	RADIOISOTOPE	56.00	170,174	130,445	2.00
3.00	CT SCAN	57.00	102,653	78,687	3.00
4.00	MRI	58.00	64,079	49,119	4.00
<b>TOTALS</b>					
			483,056	370,280	
<b>K - THERAPY SUPV</b>					
1.00	OCCUPATIONAL THERAPY	67.00	49,758	0	1.00
2.00	SPEECH PATHOLOGY	68.00	24,075	0	2.00
<b>TOTALS</b>					
			73,833	0	
<b>L - RADIOLOGY SUPV</b>					
1.00	ELECTROCARDIOLOGY	69.00	13,267	0	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	2,118	0	2.00
<b>TOTALS</b>					
			15,385	0	
<b>M - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,121,670	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,617,323	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
	TOTALS		0	8,738,993		
<b>N - SECURITY</b>						
1.00	ADMINISTRATION & GENERAL	5.60	883,093	459,587		1.00
	TOTALS		883,093	459,587		
<b>O - I &amp; R</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	5,152,091	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		5,152,091	0		
<b>P - RESIDENT SALARIES</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	832,380	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	6,467	0		2.00
	TOTALS		838,847	0		
500.00	Grand Total: Increases		8,558,402	79,087,032		500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2018 11:03 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - EMPLOYEE BENEFITS</b>							
1.00	ADMINISTRATION & GENERAL	5.60	0	681,190	0		1.00
2.00	RNP ADMINISTRATION	5.90	0	152,533	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	26,676	0		3.00
4.00	OPERATION OF PLANT	7.00	0	666,205	0		4.00
5.00	RNP OPERATION OF PLANT	7.02	0	28,187	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	51,015	0		6.00
7.00	RNP LAUNDRY	8.01	0	75,800	0		7.00
8.00	HOUSEKEEPING	9.00	0	772,439	0		8.00
9.00	RNP HOUSEKEEPING	9.01	0	138,212	0		9.00
10.00	DIETARY	10.00	0	621,207	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	523,789	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	138,826	0		12.00
13.00	PHARMACY	15.00	0	484,565	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	557,176	0		14.00
15.00	RNP SOCIAL SERVICE	17.01	0	35,714	0		15.00
16.00	I&R SERVICES-OTHER PRGM	22.00	0	1,243,100	0		16.00
<b>COSTS APPRV</b>							
17.00	ADULTS & PEDIATRICS	30.00	0	4,119,991	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	1,412,775	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	862,691	0		19.00
20.00	NURSERY	43.00	0	174,070	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	1,727,437	0		21.00
22.00	OPERATING ROOM	50.00	0	790,392	0		22.00
23.00	AMBULATORY SURGERY	50.01	0	477,611	0		23.00
24.00	RECOVERY ROOM	51.00	0	161,595	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	44,954	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,003,247	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	208,761	0		27.00
28.00	RADIOISOTOPE	56.00	0	233,588	0		28.00
29.00	CT SCAN	57.00	0	143,240	0		29.00
30.00	MRI	58.00	0	89,947	0		30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	277,253	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	452,851	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	704,237	0		33.00
34.00	RNRC PHYSICAL THERAPY	66.01	0	360,660	0		34.00
35.00	DAY REHABILITATION FACILITY	66.02	0	122,404	0		35.00
36.00	OCCUPATIONAL THERAPY	67.00	0	342,383	0		36.00
37.00	SPEECH PATHOLOGY	68.00	0	208,582	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	187,564	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,303	0		39.00
40.00	RENAL DIALYSIS	74.00	0	136,389	0		40.00
41.00	CARDIAC REHABILITATION	76.97	0	101,438	0		41.00
42.00	CLINIC	90.00	0	107,524	0		42.00
43.00	WELLNESS PROGRAM	90.01	0	34,721	0		43.00
44.00	EMERGENCY	91.00	0	937,362	0		44.00
45.00	FAMILY PRACTICE	91.01	0	602,019	0		45.00
46.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	372,328	0		46.00
47.00	OTHER	194.00	0	34,538	0		47.00
48.00	WOUND CARE CENTER	90.02	0	56,785	0		48.00
<b>TOTALS</b>			0	22,733,274			
<b>B - DRUGS</b>							
1.00	ADMINISTRATION & GENERAL	5.60	0	26	0		1.00
2.00	RNP ADMINISTRATION	5.90	0	1,914,460	0		2.00
3.00	OPERATION OF PLANT	7.00	0	25	0		3.00
4.00	HOUSEKEEPING	9.00	0	68	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	11	0		5.00
6.00	PHARMACY	15.00	0	8,835,707	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	250,312	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	131,579	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	9,176	0		9.00
10.00	NURSERY	43.00	0	15	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	23,264	0		11.00
12.00	OPERATING ROOM	50.00	0	106,827	0		12.00
13.00	AMBULATORY SURGERY	50.01	0	74,944	0		13.00
14.00	RECOVERY ROOM	51.00	0	6,991	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	137,217	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	111,245	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,954	0		17.00
18.00	RADIOISOTOPE	56.00	0	17,011	0		18.00
19.00	CT SCAN	57.00	0	132,696	0		19.00
20.00	MRI	58.00	0	85,522	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	141,196	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2018 11:03 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
22.00	LABORATORY	60.00	0	10,603	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	1,066	0	23.00	
24.00	DAY REHABILITATION FACILITY	66.02	0	109	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	4	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	30,958	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	10	0	27.00	
28.00	RENAL DIALYSIS	74.00	0	14,788	0	28.00	
29.00	CLINIC	90.00	0	50	0	29.00	
30.00	EMERGENCY	91.00	0	221,712	0	30.00	
31.00	FAMILY PRACTICE	91.01	0	74,875	0	31.00	
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	21,339	0	32.00	
33.00	WELLNESS PROGRAM	90.01	0	12,217	0	33.00	
34.00	WOUND CARE CENTER	90.02	0	36,406	0	34.00	
	TOTALS		0	12,404,383			
<b>C - SUPPLIES</b>							
1.00	COMMUNICATIONS	5.10	0	15	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,922	0	2.00	
3.00	RNP ADMINISTRATION	5.90	0	1,303	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	999	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	2,339	0	5.00	
6.00	RNP OPERATION OF PLANT	7.02	0	189	0	6.00	
7.00	HOUSEKEEPING	9.00	0	19,647	0	7.00	
8.00	RNP HOUSEKEEPING	9.01	0	1,127	0	8.00	
9.00	DIETARY	10.00	0	3,124	0	9.00	
10.00	RNP DIETARY	10.01	0	1,229	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	2,060	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	1,084,299	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	540,894	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	89,471	0	14.00	
15.00	NURSERY	43.00	0	1,052	0	15.00	
16.00	SKILLED NURSING FACILITY	44.00	0	217,137	0	16.00	
17.00	OPERATING ROOM	50.00	0	6,995,720	0	17.00	
18.00	AMBULATORY SURGERY	50.01	0	272,087	0	18.00	
19.00	RECOVERY ROOM	51.00	0	34,615	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	253,712	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	495,963	0	21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	37,603	0	22.00	
23.00	RADIOISOTOPE	56.00	0	55,493	0	23.00	
24.00	CT SCAN	57.00	0	150,650	0	24.00	
25.00	MRI	58.00	0	28,293	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	2,099,760	0	26.00	
27.00	LABORATORY	60.00	0	64,572	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	383,312	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	8,597	0	29.00	
30.00	RNRC PHYSICAL THERAPY	66.01	0	4,721	0	30.00	
31.00	DAY REHABILITATION FACILITY	66.02	0	20,543	0	31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	966	0	32.00	
33.00	SPEECH PATHOLOGY	68.00	0	391,657	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	27,131	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	37	0	35.00	
36.00	RENAL DIALYSIS	74.00	0	96,873	0	36.00	
37.00	CARDIAC REHABILITATION	76.97	0	4,733	0	37.00	
38.00	CLINIC	90.00	0	2,330	0	38.00	
39.00	EMERGENCY	91.00	0	427,824	0	39.00	
40.00	FAMILY PRACTICE	91.01	0	9,135	0	40.00	
41.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	58,074	0	41.00	
42.00	NONPAID WORKERS	193.00	0	29	0	42.00	
43.00	WOUND CARE CENTER	90.02	0	190,395	0	43.00	
	TOTALS		0	14,082,632			
<b>D - IMPLANTS</b>							
1.00	RNP ADMINISTRATION	5.90	0	40	0	1.00	
2.00	HOUSEKEEPING	9.00	0	3,524	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,155	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	86,420	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	60,343	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	0	2,689	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	5,415	0	7.00	
8.00	OPERATING ROOM	50.00	0	10,221,799	0	8.00	
9.00	AMBULATORY SURGERY	50.01	0	25,221	0	9.00	
10.00	RECOVERY ROOM	51.00	0	613	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	14,116	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	493,993	0	12.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2018 11:03 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	165	0		13.00
14.00	RADIOISOTOPE	56.00	0	2,891	0		14.00
15.00	CT SCAN	57.00	0	5,609	0		15.00
16.00	MRI	58.00	0	1,403	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	2,881,747	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	623	0		18.00
19.00	DAY REHABILITATION FACILITY	66.02	0	3,220	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	407	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	207	0		21.00
22.00	RENAL DIALYSIS	74.00	0	14,825	0		22.00
23.00	EMERGENCY	91.00	0	50,624	0		23.00
24.00	FAMILY PRACTICE	91.01	0	487	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	31,869	0		25.00
26.00	WOUND CARE CENTER	90.02	0	359,855	0		26.00
	TOTALS		0	14,271,260			
<b>E - CAPITAL INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	3,891,801	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	3,891,801			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	1,018,485	1,719,547	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,018,485	1,719,547			
<b>G - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATION & GENERAL	5.60	0	254,948	12		1.00
2.00	RNP ADMINISTRATION	5.90	0	500	12		2.00
	TOTALS		0	255,448			
<b>H - NURSE ADMIN</b>							
1.00	RNP ADMINISTRATION	5.90	93,612	159,827	0		1.00
	TOTALS		93,612	159,827			
<b>I - RADIOLOGY ADMIN</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	483,056	370,280	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		483,056	370,280			
<b>K - THERAPY SUPV</b>							
1.00	PHYSICAL THERAPY	66.00	73,833	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		73,833	0			
<b>L - RADIOLOGY SUPV</b>							
1.00	RESPIRATORY THERAPY	65.00	15,385	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		15,385	0			
<b>M - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,617,323	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,835	9		2.00
3.00	COMMUNICATIONS	5.10	0	191	0		3.00
4.00	ADMINISTRATION & GENERAL	5.60	0	374,102	0		4.00
5.00	RNP ADMINISTRATION	5.90	0	460,718	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	8,846	0		6.00
7.00	OPERATION OF PLANT	7.00	0	303,215	0		7.00
8.00	RNP OPERATION OF PLANT	7.02	0	96,118	0		8.00
9.00	RNP LAUNDRY	8.01	0	685	0		9.00
10.00	HOUSEKEEPING	9.00	0	9,325	0		10.00
11.00	DIETARY	10.00	0	18,504	0		11.00
12.00	RNP DIETARY	10.01	0	10,762	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	458,225	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	106,576	0		14.00
15.00	PHARMACY	15.00	0	34,806	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	439	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	288	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	91,074	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	80,833	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	13,972	0		20.00
21.00	NURSERY	43.00	0	19,600	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	22,918	0		22.00
23.00	OPERATING ROOM	50.00	0	555,047	0		23.00
24.00	AMBULATORY SURGERY	50.01	0	40,189	0		24.00
25.00	RECOVERY ROOM	51.00	0	522	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	36,380	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	556,327	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:  
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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	357,214	0		28.00	
29.00	RADIOISOTOPE	56.00	0	13,217	0		29.00	
30.00	CT SCAN	57.00	0	523	0		30.00	
31.00	MRI	58.00	0	158,550	0		31.00	
32.00	CARDIAC CATHETERIZATION	59.00	0	32,286	0		32.00	
33.00	LABORATORY	60.00	0	53,931	0		33.00	
34.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,912	0		34.00	
35.00	RESPIRATORY THERAPY	65.00	0	29,051	0		35.00	
36.00	PHYSICAL THERAPY	66.00	0	3,770	0		36.00	
37.00	RNRC PHYSICAL THERAPY	66.01	0	2,747	0		37.00	
38.00	DAY REHABILITATION FACILITY	66.02	0	508	0		38.00	
39.00	SPEECH PATHOLOGY	68.00	0	12,359	0		39.00	
40.00	ELECTROCARDIOLOGY	69.00	0	59,403	0		40.00	
41.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,843	0		41.00	
42.00	RENAL DIALYSIS	74.00	0	1,191	0		42.00	
43.00	CARDIAC REHABILITATION	76.97	0	7,081	0		43.00	
44.00	CLINIC	90.00	0	1,250	0		44.00	
45.00	EMERGENCY	91.00	0	53,828	0		45.00	
46.00	FAMILY PRACTICE	91.01	0	10,885	0		46.00	
47.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	624	0		47.00	
TOTALS			0	8,738,993				
N - SECURITY								
1.00	OPERATION OF PLANT	7.00	883,093	459,587	0		1.00	
TOTALS			883,093	459,587				
O - I & R								
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	4,017,749	0	0		1.00	
2.00	FAMILY PRACTICE	91.01	1,134,342	0	0		2.00	
TOTALS			5,152,091	0				
P - RESIDENT SALARIES								
1.00	FAMILY PRACTICE	91.01	832,380	0	0		1.00	
2.00	FAMILY PRACTICE	91.01	6,467	0	0		2.00	
TOTALS			838,847	0				
500.00	Grand Total: Decreases		8,558,402	79,087,032			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,892,216	0	0	0	1.00
2.00	Land Improvements	4,471,272	459,593	0	459,593	2.00
3.00	Buildings and Fixtures	168,739,611	11,803,240	0	11,803,240	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	122,859,562	3,085,621	0	3,085,621	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	298,962,661	15,348,454	0	15,348,454	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	298,962,661	15,348,454	0	15,348,454	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,892,216	0			1.00
2.00	Land Improvements	4,930,865	0			2.00
3.00	Buildings and Fixtures	180,542,851	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	118,786,762	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	307,152,694	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	307,152,694	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	7,200,473	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)	7,200,473	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	7,200,473				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,200,473				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	188,365,932	0	188,365,932	0.613265	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	118,786,762	0	118,786,762	0.386735	0	2.00
3.00	Total (sum of lines 1-2)	307,152,694	0	307,152,694	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,165,355	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,157,534	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,322,889	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	3,891,801	255,448	0	0	12,312,604	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,157,534	2.00
3.00	Total (sum of lines 1-2)	3,891,801	255,448	0	0	16,470,138	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:  
5/29/2018 11:03 am

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		3.00	4.00
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)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,394,302				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	3,610,825				0	12.00
13.00 Laundry and linen service	B	-19,149	RNP LAUNDRY		8.01	0	13.00
14.00 Cafeteria-employees and guests	B	-1,118,055	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-26,514	RNP DIETARY		10.01	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			-68	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISC REVENUE	B	-1,151,758	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:  
5/29/2018 11:03 am

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	
33.01 MISC REVENUE	B	-1,349,118	ADMINISTRATION & GENERAL	5.60	0 33.01
33.02 IP REHAB LEGAL RESERVE	A	-1,900,000	ADMINISTRATION & GENERAL	5.60	0 33.02
33.07 MISC REVENUE	B	-4,979	RNP ADMINISTRATION	5.90	0 33.07
33.12 MISC REVENUE	B	-28,270	OPERATION OF PLANT	7.00	0 33.12
33.16 MISC REVENUE	B	-431,590	NURSING ADMINISTRATION	13.00	0 33.16
33.19 MISC REVENUE	B	-1,516	MEDICAL RECORDS & LIBRARY	16.00	0 33.19
33.20 MISC REVENUE	B	-157,901	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.20
33.25 MISC REVENUE	B	-4,525	SKILLED NURSING FACILITY	44.00	0 33.25
33.50 MISC REVENUE	B	-6,244	RADIOLOGY-DIAGNOSTIC	54.00	0 33.50
40.00 MISC REVENUE	B	-4,358	SPEECH PATHOLOGY	68.00	0 40.00
41.00 MISC REVENUE	B	-80,249	CARDIAC REHABILITATION	76.97	0 41.00
43.00 MISC REVENUE	B	-265,423	CLINIC	90.00	0 43.00
44.00 MISC REVENUE	B	-43,342	WELLNESS PROGRAM	90.01	0 44.00
45.00 MISC REVENUE	B	-45,691	FAMILY PRACTICE	91.01	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,422,227			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: 14-0117  
 Period: From 01/01/2017 To 12/31/2017  
 Worksheet A-8-1  
 Date/Time Prepared: 5/29/2018 11:03 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO BENEFITS	1,008,747	0
2.00	5.20	DATA PROCESSING	HO DATA PROCESSING	4,106,333	0
3.00	5.50	CASHIERING/ACCOUNTS RECEIVAB	HO PT ACCTS	3,722,578	0
3.01	5.60	ADMINISTRATION & GENERAL	HO A & G	23,261,319	33,277,555
3.02	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST	964,882	0
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	HO EQUIP DEPR	35,864	0
3.04	16.00	MEDICAL RECORDS & LIBRARY	HO MEDICAL RECORDS	2,405,731	0
3.05	14.00	CENTRAL SERVICES & SUPPLY	HO CENTRAL SUPPLIES	263,819	0
3.06	31.00	INTENSIVE CARE UNIT	HO INTENSIVE CARE UNIT	825,305	0
3.07	60.00	LABORATORY	ALVERNO LAB COSTS	10,523,152	10,229,350
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			47,117,730	43,506,905

\* 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	RMC	100.00	PRESENCE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:  
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,008,747	0		1.00
2.00	4,106,333	0		2.00
3.00	3,722,578	0		3.00
3.01	-10,016,236	0		3.01
3.02	964,882	9		3.02
3.03	35,864	9		3.03
3.04	2,405,731	0		3.04
3.05	263,819	0		3.05
3.06	825,305	0		3.06
3.07	293,802	0		3.07
4.00	0	0		4.00
5.00	3,610,825			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared: 5/29/2018 11:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	207,184	207,184	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	202,868	202,868	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	0	-98,185	98,185	211,500	2,157	8.00
9.00	43.00	NURSERY	725,624	725,624	0	0	0	9.00
10.00	50.00	OPERATING ROOM	827,255	827,255	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	910,410	910,410	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	1,426,491	1,426,491	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	22,763	22,763	0	0	0	14.00
15.00	60.00	LABORATORY	42,300	42,300	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	825,563	825,563	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	1,543,856	1,518,956	24,900	211,500	42	17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	179,000	0	18.00
19.00	90.00	CLINIC	214,492	214,492	0	0	0	19.00
20.00	91.00	EMERGENCY	420,421	420,421	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	1,377,583	16,243	1,361,340	179,000	14,637	21.00
22.00	59.00	CARDIAC CATHETERIZATION	9,574	9,574	0	0	0	22.00
200.00			8,756,384	7,271,959	1,484,425		16,836	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	219,330	10,967	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	4,271	214	0	0	0	17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	1,259,626	62,981	0	0	0	21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	22.00
200.00			1,483,227	74,162	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	207,184	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	202,868	7.00
8.00	41.00	SUBPROVIDER - IRF	0	219,330	0	-98,185	8.00
9.00	43.00	NURSERY	0	0	0	725,624	9.00
10.00	50.00	OPERATING ROOM	0	0	0	827,255	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2018 11:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	53.00	ANESTHESIOLOGY	0	0	0	910,410		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,426,491		13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	22,763		14.00
15.00	60.00	LABORATORY	0	0	0	42,300		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	825,563		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	4,271	20,629	1,539,585		17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	0		18.00
19.00	90.00	CLINIC	0	0	0	214,492		19.00
20.00	91.00	EMERGENCY	0	0	0	420,421		20.00
21.00	91.01	FAMILY PRACTICE	0	1,259,626	101,714	117,957		21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	9,574		22.00
200.00			0	1,483,227	122,343	7,394,302		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,312,604	12,312,604			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,157,534		4,157,534		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,353,972	149,132	11,938	22,515,042	4.00
5.10 01160	COMMUNICATIONS	178,410	71,893	193	0	5.10
5.20 00550	DATA PROCESSING	4,106,333	0	0	0	5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,722,396	0	0	0	5.50
5.60 00592	ADMINISTRATION & GENERAL	44,906,540	2,054,437	377,357	1,042,979	5.60
5.90 00593	RNP ADMINISTRATION	3,354,007	0	464,727	154,793	5.90
6.00 00600	MAINTENANCE & REPAIRS	275,228	89,874	8,923	17,957	6.00
7.00 00700	OPERATION OF PLANT	9,936,161	2,328,112	305,853	341,140	7.00
7.01 00701	ELECTRICITY	0	0	0	0	7.01
7.02 00702	RNP OPERATION OF PLANT	723,985	0	96,954	24,275	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	971,387	89,191	1	28,991	8.00
8.01 00801	RNP LAUNDRY	186,176	0	691	40,338	8.01
9.00 00900	HOUSEKEEPING	3,254,716	148,692	9,406	372,253	9.00
9.01 00901	RNP HOUSEKEEPING	513,183	0	0	81,930	9.01
10.00 01000	DIETARY	128,736	278,916	18,665	107,584	10.00
10.01 01001	RNP DIETARY	1,491,368	0	10,856	0	10.01
11.00 01100	CAFETERIA	2,705,890	102,722	0	232,949	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,460,456	81,992	462,212	512,650	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	394,964	188,055	107,503	88,642	14.00
15.00 01500	PHARMACY	2,683,062	155,951	35,109	538,949	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,330,431	148,373	443	640,457	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	162,282	0	0	28,881	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,596,940	0	0	1,192,390	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,444,240	80,185	291	347,483	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	18,718,639	2,133,832	91,866	4,138,313	30.00
31.00 03100	INTENSIVE CARE UNIT	7,736,783	402,049	81,536	1,529,073	31.00
41.00 04100	SUBPROVIDER - IRF	3,785,792	605,260	14,094	829,298	41.00
43.00 04300	NURSERY	1,027,396	0	19,771	202,524	43.00
44.00 04400	SKILLED NURSING FACILITY	8,602,484	0	23,117	1,646,380	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,465,455	327,149	559,876	864,792	50.00
50.01 03330	AMBULATORY SURGERY	2,751,442	206,689	40,539	528,650	50.01
51.00 05100	RECOVERY ROOM	860,087	28,080	527	197,308	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	180,139	32,924	36,697	38,247	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,839,105	645,687	561,167	811,221	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,637,975	166,946	360,322	256,361	55.00
56.00 05600	RADIOISOTOPE	2,047,963	89,844	13,332	307,800	56.00
57.00 05700	CT SCAN	891,642	40,108	528	185,672	57.00
58.00 05800	MRI	725,175	76,510	159,930	115,901	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,388,991	148,813	32,567	337,602	59.00
60.00 06000	LABORATORY	10,786,629	210,197	54,400	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,064,275	8,034	2,937	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	1,900,212	46,987	29,304	424,802	65.00
66.00 06600	PHYSICAL THERAPY	3,146,249	115,372	3,803	715,467	66.00
66.01 06601	RNRC PHYSICAL THERAPY	1,951,661	0	2,771	446,041	66.01
66.02 06602	DAY REHABILITATION FACILITY	774,411	82,478	512	139,658	66.02
67.00 06700	OCCUPATIONAL THERAPY	1,650,578	118,349	0	378,051	67.00
68.00 06800	SPEECH PATHOLOGY	1,073,583	25,832	12,467	247,711	68.00
69.00 06900	ELECTROCARDIOLOGY	923,943	191,062	59,920	177,286	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	143,817	0	8,920	59,893	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,082,632	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,271,260	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,404,383	56,950	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,222,511	83,875	1,201	145,047	74.00
76.97 07697	CARDIAC REHABILITATION	598,632	0	7,143	112,172	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
76.99 07699 LI THOTRIPSY	0	1.00	2.00	4.00	5.10	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	325,858	113,125	1,261	138,567	7,209	90.00
90.01 09001 WELLNESS PROGRAM	181,140	33,000	0	42,757	601	90.01
90.02 09002 WOUND CARE CENTER	820,915	0	54,296	59,060	0	90.02
91.00 09100 EMERGENCY	4,610,259	260,115	10,980	951,070	7,209	91.00
91.01 04040 FAMILY PRACTICE	1,538,157	9,947	0	273,089	12,615	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,634,373	0	628	369,385	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	279,115,547	12,226,739	4,157,534	22,463,839	249,895	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	601	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	34,079	85,865	0	2,767	0	193.00
194.00 07950 OTHER	209,684	0	0	48,436	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	279,359,310	12,312,604	4,157,534	22,515,042	250,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5. 20	5. 30	5. 50	5A. 50	5. 60	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	4,106,333					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	145,981	152,589				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	153,531	0	3,887,340			5.50
5.60	00592	ADMINISTRATION & GENERAL	539,877	1,623	0	48,969,065	48,969,065	5.60
5.90	00593	RNP ADMINISTRATION	91,238	139	0	4,065,505	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	58	0	398,047	86,336	6.00
7.00	00700	OPERATION OF PLANT	22,652	1,825	0	12,939,948	2,806,662	7.00
7.01	00701	ELECTRICITY	0	0	0	4,806	1,042	7.01
7.02	00702	RNP OPERATION OF PLANT	0	6	0	845,220	183,327	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,313	0	1,091,484	236,742	8.00
8.01	00801	RNP LAUNDRY	0	55	0	227,260	49,292	8.01
9.00	00900	HOUSEKEEPING	0	691	0	3,786,359	821,257	9.00
9.01	00901	RNP HOUSEKEEPING	0	363	0	595,476	129,158	9.01
10.00	01000	DIETARY	12,585	4,948	0	555,639	0	10.00
10.01	01001	RNP DIETARY	0	2,518	0	1,504,742	326,377	10.01
11.00	01100	CAFETERIA	10,697	0	0	3,055,862	662,813	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	91,867	247	0	3,620,837	785,356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,506	407	0	799,678	173,449	14.00
15.00	01500	PHARMACY	237,219	488	0	3,656,184	793,023	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	453,043	47	0	7,589,614	1,646,180	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	191,163	41,463	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	8,789,330	1,906,397	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,551	156	0	6,886,514	1,493,678	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	239,735	1,969	493,956	25,842,338	5,605,153	30.00
31.00	03100	INTENSIVE CARE UNIT	54,114	444	133,733	9,938,933	2,155,745	31.00
41.00	04100	SUBPROVIDER - I&R	23,282	185	78,475	5,338,188	1,157,848	41.00
43.00	04300	NURSERY	23,282	0	22,813	1,296,987	281,315	43.00
44.00	04400	SKILLED NURSING FACILITY	0	667	54,928	10,327,576	2,240,041	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	45,934	3,307	300,821	8,570,338	1,858,898	50.00
50.01	03330	AMBULATORY SURGERY	0	1,836	82,738	3,611,894	783,416	50.01
51.00	05100	RECOVERY ROOM	15,102	21	60,180	1,161,906	252,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36	84,385	373,629	81,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	537,360	1,046	172,904	6,581,105	1,427,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,203	113	57,969	3,517,098	762,855	55.00
56.00	05600	RADIOISOTOPE	69,215	2,396	106,411	2,639,364	572,475	56.00
57.00	05700	CT SCAN	0	26	173,019	1,290,995	280,016	57.00
58.00	05800	MRI	0	14	74,423	1,151,953	249,857	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	306	181,325	3,090,205	670,262	59.00
60.00	06000	LABORATORY	736,817	630	356,327	12,159,417	2,637,365	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	107,598	4,703	23,141	1,211,289	262,727	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,282	29	93,242	2,520,862	546,772	65.00
66.00	06600	PHYSICAL THERAPY	35,866	45	79,324	4,102,734	889,879	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	61	13,040	2,413,574	523,502	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	14	15,855	1,012,928	219,703	66.02
67.00	06700	OCCUPATIONAL THERAPY	61,035	38	33,770	2,246,026	487,161	67.00
68.00	06800	SPEECH PATHOLOGY	0	18	15,297	1,375,509	298,347	68.00
69.00	06900	ELECTROCARDIOLOGY	15,102	54	113,331	1,486,104	322,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,102	0	3,748	232,081	50,338	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	58,543	163,105	14,304,280	3,102,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,188	134,841	14,466,289	3,137,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	432,707	12,894,040	2,796,704	73.00
74.00	07400	RENAL DIALYSIS	62,923	40	15,868	1,532,666	332,434	74.00
76.97	07697	CARDIAC REHABILITATION	0	33	5,948	723,928	157,019	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	100,047	122	3,150	689,339	149,517	90.00
90.01	09001	WELLNESS PROGRAM	0	49	491	258,038	55,968	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part I  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	21,078	955,349	207,214	90.02
91.00	09100	EMERGENCY	61,664	615	226,750	6,128,662	1,329,301	91.00
91.01	04040	FAMILY PRACTICE	62,923	56	11,201	1,907,988	413,841	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	101	47,046	2,051,533	444,975	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,106,333	152,589	3,887,340	278,977,878	48,886,333	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	601	130	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	122,711	26,616	193.00
194.00	07950	OTHER	0	0	0	258,120	55,986	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,106,333	152,589	3,887,340	279,359,310	48,969,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/29/2018 11:03 am		
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	4,065,505					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	484,383				6.00
7.00	00700	OPERATION OF PLANT	0	328,209	16,074,819			7.00
7.01	00701	ELECTRICITY	0	0	0	5,848		7.01
7.02	00702	RNP OPERATION OF PLANT	360,203	21,333	0	0	1,410,083	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	188,174	68	16,507	8.00
8.01	00801	RNP LAUNDRY	52,035	1,834	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	3,804	313,708	114	27,518	9.00
9.01	00901	RNP HOUSEKEEPING	144,096	1,004	0	0	0	9.01
10.00	01000	DIETARY	0	19,365	588,455	214	51,619	10.00
10.01	01001	RNP DIETARY	740,678	2,935	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	216,722	79	19,011	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	405	172,986	63	15,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17	396,757	144	34,804	14.00
15.00	01500	PHARMACY	0	253	329,023	120	28,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	394	313,035	114	27,459	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	35,470	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	33	169,174	62	14,840	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	1,971	4,501,937	1,635	394,909	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	848,239	309	74,408	31.00
41.00	04100	SUBPROVIDER - IRF	0	538	1,276,972	465	112,016	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,494,221	157	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	83,048	690,215	251	60,546	50.00
50.01	03330	AMBULATORY SURGERY	0	0	436,070	159	38,252	50.01
51.00	05100	RECOVERY ROOM	0	0	59,243	22	5,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	69,464	25	6,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	189	1,362,264	496	119,498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	85	352,221	128	30,897	55.00
56.00	05600	RADIOISOTOPE	0	1,313	189,551	69	16,627	56.00
57.00	05700	CT SCAN	0	36	84,619	31	7,423	57.00
58.00	05800	MRI	0	36	161,420	59	14,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	313,964	114	27,541	59.00
60.00	06000	LABORATORY	0	8,195	443,472	161	38,901	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	16,949	6	1,487	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	33	99,133	36	8,696	65.00
66.00	06600	PHYSICAL THERAPY	0	188	243,411	89	21,352	66.00
66.01	06601	RNRC PHYSICAL THERAPY	187,906	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	1,219	174,012	63	15,264	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	188	249,691	91	21,903	67.00
68.00	06800	SPEECH PATHOLOGY	0	160	54,501	20	4,781	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,568	403,101	147	35,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	194	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	109,362	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,643	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	938,891	0	120,152	44	10,540	73.00
74.00	07400	RENAL DIALYSIS	0	873	176,959	64	15,523	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	3,184	238,669	87	20,936	90.00
90.01	09001	WELLNESS PROGRAM	0	0	69,624	25	6,107	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	548,789	200	48,140	91.00
91.01	04040	FAMILY PRACTICE	0	622	20,986	8	1,841	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,065,505	484,383	15,893,662	5,782	1,394,192	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	181,157	66	15,891	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,065,505	484,383	16,074,819	5,848	1,410,083	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,532,975					8.00
8.01	00801	RNP LAUNDRY	0	330,421				8.01
9.00	00900	HOUSEKEEPING	1,100	0	4,953,860			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	869,734		9.01
10.00	01000	DIETARY	0	0	130,212	357,351	1,702,855	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	32,553	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	18,020	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	16,276	0	0	14.00
15.00	01500	PHARMACY	0	0	38,366	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	24,415	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	33,624	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,167	0	5,813	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	527,334	0	1,833,042	0	552,645	30.00
31.00	03100	INTENSIVE CARE UNIT	120,278	0	265,074	0	109,719	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	292,976	0	135,106	41.00
43.00	04300	NURSERY	35,410	0	40,110	0	23,006	43.00
44.00	04400	SKILLED NURSING FACILITY	0	330,421	0	0	882,379	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	113,349	0	611,530	0	0	50.00
50.01	03330	AMBULATORY SURGERY	105,685	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	35,129	0	11,626	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,190	0	11,626	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,955	0	113,935	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,477	0	73,244	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	23,252	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,160	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	132,925	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	8,138	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	22,089	0	0	65.00
66.00	06600	PHYSICAL THERAPY	111,344	0	34,878	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	405,211	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	46,504	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,139	0	29,065	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,976	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	73,548	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	5,813	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,165	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	594	0	235,234	0	0	90.00
90.01	09001	WELLNESS PROGRAM	236	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	201,689	0	294,527	0	0	91.00
91.01	04040	FAMILY PRACTICE	1,574	0	55,805	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,532,975	330,421	4,414,024	869,734	1,702,855	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,069	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	440,356	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	93,008	0	0	193.00
194.00	07950	OTHER	0	0	2,403	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	1,532,975	330,421	4,953,860	869,734	1,702,855	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	2,574,732					10.01
11.00	01100	CAFETERIA	0	3,987,040				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	74,465	0	4,687,306		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,941	0	0	1,452,066	14.00
15.00	01500	PHARMACY	0	82,494	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,404	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	6,232	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	174,061	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	835,604	1,014,649	0	2,002,944	0	30.00
31.00	03100	INTENSIVE CARE UNIT	165,896	325,246	0	642,043	0	31.00
41.00	04100	SUBPROVIDER - I&R	204,281	188,401	0	371,909	0	41.00
43.00	04300	NURSERY	34,786	43,622	0	86,111	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,334,165	436,264	0	861,197	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	163,150	0	322,061	0	50.00
50.01	03330	AMBULATORY SURGERY	0	84,757	0	167,312	0	50.01
51.00	05100	RECOVERY ROOM	0	34,545	0	68,194	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,764	0	25,197	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	196,360	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,930	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	45,456	0	0	0	56.00
57.00	05700	CT SCAN	0	32,598	0	0	0	57.00
58.00	05800	MRI	0	19,787	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,746	0	113,992	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
65.00	06500	RESPIRATORY THERAPY	0	107,680	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	97,769	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	53,845	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	17,868	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	47,712	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	27,593	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,312	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,632	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	715,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	736,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	27,122	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,869	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	9,106	0	17,976	0	90.00
90.01	09001	WELLNESS PROGRAM	0	4,240	0	8,370	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	211,283	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	82,998	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	90,139	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,574,732	3,987,040	0	4,687,306	1,452,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	2,574,732	3,987,040	0	4,687,306	1,452,066	202.00

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	17.01	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	4,928,325					16.00
17.00	01700	0	9,672,615				17.00
17.01	01701	0	0	0	307,952		17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	671,430	0	0	0	30.00
31.00	03100	0	42,643	0	0	0	31.00
41.00	04100	0	53,750	0	0	0	41.00
43.00	04300	0	305,420	0	0	0	43.00
44.00	04400	0	0	0	307,952	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	63,309	0	0	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	29,197	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	51,680	0	0	0	53.00
54.00	05400	0	2,407,983	0	0	0	54.00
55.00	05500	0	379,345	0	0	0	55.00
56.00	05600	0	1,134,418	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	555,652	0	0	0	60.00
62.00	06200	0	72,788	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	295,577	0	0	0	65.00
66.00	06600	0	147,883	0	0	0	66.00
66.01	06601	0	101,891	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,373,386	0	0	0	69.00
70.00	07000	0	409,333	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	575,954	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	4,928,325	151,643	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	547,531	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	301,802	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,928,325	9,672,615	0	307,952	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,928,325	9,672,615	0	307,952	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		10,695,727			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,767,342		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	6,108,617	5,007,262	0	54,901,470
31.00 03100	INTENSIVE CARE UNIT	0	760,752	623,593	0	16,072,878
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	9,132,450
43.00 04300	NURSERY	0	75,322	61,742	0	2,283,831
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	18,214,373
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	662,834	543,328	0	13,742,857
50.01 03330	AMBULATORY SURGERY	0	0	0	0	5,227,545
51.00 05100	RECOVERY ROOM	0	0	0	0	1,657,075
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	635,708
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	75,322	61,742	0	12,508,284
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,174,280
56.00 05600	RADIOISOTOPE	0	0	0	0	4,622,525
57.00 05700	CT SCAN	0	0	0	0	1,695,718
58.00 05800	MRI	0	0	0	0	1,597,272
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	4,301,984
60.00 06000	LABORATORY	0	150,644	123,484	0	16,250,216
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,573,384
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	376,610	308,709	0	4,286,197
66.00 06600	PHYSICAL THERAPY	0	0	0	0	5,649,527
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	3,685,929
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	0	1,441,057
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,099,276
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,760,911
69.00 06900	ELECTROCARDIOLOGY	0	376,610	308,709	0	4,404,835
70.00 07000	ELECTROENCEPHALOGRAPHY	0	75,322	61,742	0	865,618
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,881,654
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,342,796
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,846,152
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,093,806
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	893,816
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRI PSY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	150,644	123,484	0	2,186,301	90.00
90.01	09001	WELLNESS PROGRAM	0	150,644	123,484	0	676,736	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	1,162,563	90.02
91.00	09100	EMERGENCY	0	1,129,830	926,128	0	11,120,351	91.00
91.01	04040	FAMILY PRACTICE	0	602,576	493,935	0	3,582,174	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,586,647	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,695,727	8,767,342	0	278,158,196	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,800	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	440,356	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	439,449	193.00
194.00	07950	OTHER	0	0	0	0	316,509	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,695,727	8,767,342	0	279,359,310	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
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
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-11,115,879	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,384,345	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	-137,064	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-1,206,162	50.00
50.01	03330	AMBULATORY SURGERY	0	50.01
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	-137,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	-274,128	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-685,319	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-685,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-137,064	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	70.01
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
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-274,128	1,912,173	90.00
90.01	09001	WELLNESS PROGRAM	-274,128	402,608	90.01
90.02	09002	WOUND CARE CENTER	0	1,162,563	90.02
91.00	09100	EMERGENCY	-2,055,958	9,064,393	91.00
91.01	04040	FAMILY PRACTICE	-1,096,511	2,485,663	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,586,647	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,463,069	258,695,127	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,800	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	440,356	192.00
193.00	19300	NONPAID WORKERS	0	439,449	193.00
194.00	07950	OTHER	0	316,509	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
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)	-19,463,069	259,896,241	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	150,633	149,132	11,938	311,703	4.00
5.10 01160	COMMUNICATIONS	0	71,893	193	72,086	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	-182	0	0	-182	5.50
5.60 00592	ADMINISTRATION & GENERAL	73,235	2,054,437	377,357	2,505,029	5.60
5.90 00593	RNP ADMINISTRATION	31,076	0	464,727	495,803	5.90
6.00 00600	MAINTENANCE & REPAIRS	552	89,874	8,923	99,349	6.00
7.00 00700	OPERATION OF PLANT	11,777	2,328,112	305,853	2,645,742	7.00
7.01 00701	ELECTRICITY	0	0	0	0	7.01
7.02 00702	RNP OPERATION OF PLANT	0	0	96,954	96,954	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	1,541	89,191	1	90,733	8.00
8.01 00801	RNP LAUNDRY	126	0	691	817	8.01
9.00 00900	HOUSEKEEPING	4,718	148,692	9,406	162,816	9.00
9.01 00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00 01000	DIETARY	31,021	278,916	18,665	328,602	10.00
10.01 01001	RNP DIETARY	0	0	10,856	10,856	10.01
11.00 01100	CAFETERIA	0	102,722	0	102,722	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	8,572	81,992	462,212	552,776	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	111,581	188,055	107,503	407,139	14.00
15.00 01500	PHARMACY	17,985	155,951	35,109	209,045	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	38,522	148,373	443	187,338	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,710	80,185	291	89,186	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	31,000	2,133,832	91,866	2,256,698	30.00
31.00 03100	INTENSIVE CARE UNIT	12,317	402,049	81,536	495,902	31.00
41.00 04100	SUBPROVIDER - I&R	17,660	605,260	14,094	637,014	41.00
43.00 04300	NURSERY	0	0	19,771	19,771	43.00
44.00 04400	SKILLED NURSING FACILITY	20,325	0	23,117	43,442	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	405,151	327,149	559,876	1,292,176	50.00
50.01 03330	AMBULATORY SURGERY	6,893	206,689	40,539	254,121	50.01
51.00 05100	RECOVERY ROOM	67	28,080	527	28,674	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	4,982	32,924	36,697	74,603	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	292,487	645,687	561,167	1,499,341	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	128,464	166,946	360,322	655,732	55.00
56.00 05600	RADIOISOTOPE	3,593	89,844	13,332	106,769	56.00
57.00 05700	CT SCAN	0	40,108	528	40,636	57.00
58.00 05800	MRI	46,479	76,510	159,930	282,919	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,055	148,813	32,567	186,435	59.00
60.00 06000	LABORATORY	31,027	210,197	54,400	295,624	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	272	8,034	2,937	11,243	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	37,614	46,987	29,304	113,905	65.00
66.00 06600	PHYSICAL THERAPY	10,858	115,372	3,803	130,033	66.00
66.01 06601	RNRC PHYSICAL THERAPY	1,170	0	2,771	3,941	66.01
66.02 06602	DAY REHABILITATION FACILITY	160,382	82,478	512	243,372	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	118,349	0	118,349	67.00
68.00 06800	SPEECH PATHOLOGY	432	25,832	12,467	38,731	68.00
69.00 06900	ELECTROCARDIOLOGY	6,694	191,062	59,920	257,676	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,862	0	8,920	12,782	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
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	56,950	0	56,950	73.00
74.00 07400	RENAL DIALYSIS	8,141	83,875	1,201	93,217	74.00
76.97 07697	CARDIAC REHABILITATION	178,416	0	7,143	185,559	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

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			
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	81,346	113,125	1,261	195,732	1,918	90.00
90.01	09001	WELLNESS PROGRAM	3,466	33,000	0	36,466	592	90.01
90.02	09002	WOUND CARE CENTER	0	0	54,296	54,296	818	90.02
91.00	09100	EMERGENCY	15,326	260,115	10,980	286,421	13,167	91.00
91.01	04040	FAMILY PRACTICE	227,290	9,947	0	237,237	3,781	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	817	0	628	1,445	5,114	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,231,453	12,226,739	4,157,534	18,615,726	310,994	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,888	85,865	0	87,753	38	193.00
194.00	07950	OTHER	0	0	0	0	671	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,233,341	12,312,604	4,157,534	18,703,479	311,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS	72,086					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	1,902	0	1,902			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,284	0	0	3,102		5.50
5.60	00592	ADMINISTRATION & GENERAL	13,310	0	20	0	2,532,798	5.60
5.90	00593	RNP ADMINISTRATION	173	0	2	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	1,729	0	1	0	4,466	6.00
7.00	00700	OPERATION OF PLANT	1,210	0	23	0	145,173	7.00
7.01	00701	ELECTRICITY	1,383	0	0	0	54	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	9,483	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	173	0	16	0	12,245	8.00
8.01	00801	RNP LAUNDRY	0	0	1	0	2,550	8.01
9.00	00900	HOUSEKEEPING	173	0	9	0	42,479	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	5	0	6,681	9.01
10.00	01000	DIETARY	1,210	0	62	0	0	10.00
10.01	01001	RNP DIETARY	0	0	32	0	16,882	10.01
11.00	01100	CAFETERIA	1,037	0	0	0	34,284	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,284	0	3	0	40,622	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	173	0	5	0	8,972	14.00
15.00	01500	PHARMACY	1,556	0	6	0	41,019	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,840	0	1	0	85,148	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	2,145	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	98,607	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,902	0	2	0	77,260	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,915	0	25	562	289,816	30.00
31.00	03100	INTENSIVE CARE UNIT	346	0	6	100	111,505	31.00
41.00	04100	SUBPROVIDER - I&R	519	0	2	59	59,889	41.00
43.00	04300	NURSERY	346	0	0	17	14,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	8	41	115,865	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	864	0	42	225	96,151	50.00
50.01	03330	AMBULATORY SURGERY	0	0	23	62	40,522	50.01
51.00	05100	RECOVERY ROOM	173	0	0	45	13,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	346	0	0	63	4,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,630	0	13	130	73,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,074	0	1	43	39,458	55.00
56.00	05600	RADIOISOTOPE	691	0	30	80	29,611	56.00
57.00	05700	CT SCAN	0	0	0	130	14,484	57.00
58.00	05800	MRI	0	0	0	56	12,924	58.00
59.00	05900	CARDIAC CATHETERIZATION	173	0	4	136	34,669	59.00
60.00	06000	LABORATORY	4,149	0	8	267	136,416	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	173	0	59	17	13,589	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	864	0	0	70	28,282	65.00
66.00	06600	PHYSICAL THERAPY	1,902	0	1	59	46,029	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	1	10	27,078	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	12	11,364	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,210	0	0	25	25,198	67.00
68.00	06800	SPEECH PATHOLOGY	173	0	0	11	15,432	68.00
69.00	06900	ELECTROCARDIOLOGY	1,556	0	1	85	16,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173	0	0	3	2,604	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	736	122	160,480	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	741	101	162,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	324	144,658	73.00
74.00	07400	RENAL DIALYSIS	346	0	0	12	17,195	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4	8,122	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,074	0	2	2	7,734	90.00
90.01	09001	WELLNESS PROGRAM	173	0	1	0	2,895	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	0	16	10,718	90.02
91.00	09100	EMERGENCY	2,074	0	8	170	68,757	91.00
91.01	04040	FAMILY PRACTICE	3,630	0	1	8	21,406	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1	35	23,016	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,913	0	1,902	3,102	2,528,518	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	173	0	0	0	7	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	1,377	193.00
194.00	07950	OTHER	0	0	0	0	2,896	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	72,086	0	1,902	3,102	2,532,798	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	498,121					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	105,794				6.00
7.00	00700	OPERATION OF PLANT	0	71,685	2,868,556			7.00
7.01	00701	ELECTRICITY	0	0	0	1,437		7.01
7.02	00702	RNP OPERATION OF PLANT	44,134	4,659	0	0	155,566	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	33,580	17	1,821	8.00
8.01	00801	RNP LAUNDRY	6,376	401	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	831	55,981	28	3,036	9.00
9.01	00901	RNP HOUSEKEEPING	17,655	219	0	0	0	9.01
10.00	01000	DIETARY	0	4,229	105,010	53	5,695	10.00
10.01	01001	RNP DIETARY	90,751	641	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	38,674	19	2,097	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	88	30,869	15	1,674	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	70,801	35	3,840	14.00
15.00	01500	PHARMACY	0	55	58,714	29	3,184	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86	55,861	28	3,029	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	4,346	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7	30,189	15	1,637	22.00
23.00	02300	PARAMED ED PRGM-(SPECLFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	431	803,377	403	43,570	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	151,368	76	8,209	31.00
41.00	04100	SUBPROVIDER - IRF	0	118	227,876	114	12,358	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	183,076	34	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	18,138	123,169	62	6,680	50.00
50.01	03330	AMBULATORY SURGERY	0	0	77,817	39	4,220	50.01
51.00	05100	RECOVERY ROOM	0	0	10,572	5	573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,396	6	672	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41	243,096	122	13,183	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19	62,854	31	3,409	55.00
56.00	05600	RADIOISOTOPE	0	287	33,825	17	1,834	56.00
57.00	05700	CT SCAN	0	8	15,100	8	819	57.00
58.00	05800	MRI	0	8	28,805	14	1,562	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	56,027	28	3,038	59.00
60.00	06000	LABORATORY	0	1,790	79,138	40	4,292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,025	2	164	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7	17,690	9	959	65.00
66.00	06600	PHYSICAL THERAPY	0	41	43,437	22	2,356	66.00
66.01	06601	RNRC PHYSICAL THERAPY	23,023	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	266	31,052	16	1,684	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	41	44,557	22	2,416	67.00
68.00	06800	SPEECH PATHOLOGY	0	35	9,726	5	527	68.00
69.00	06900	ELECTROCARDIOLOGY	0	561	71,933	36	3,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,399	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	324	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,037	0	21,441	11	1,163	73.00
74.00	07400	RENAL DIALYSIS	0	191	31,578	16	1,713	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	695	42,591	21	2,310	90.00
90.01	09001	WELLNESS PROGRAM	0	0	12,424	6	674	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	97,931	49	5,311	91.00
91.01	04040	FAMILY PRACTICE	0	136	3,745	2	203	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	498,121	105,794	2,836,229	1,421	153,813	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	32,327	16	1,753	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	498,121	105,794	2,868,556	1,437	155,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description		LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE	138,986				8.00
8.01	00801	RNP LAUNDRY	0	10,703			8.01
9.00	00900	HOUSEKEEPING	100	0	270,606		9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	25,694	9.01
10.00	01000	DIETARY	0	0	7,113	10,557	464,020
10.01	01001	RNP DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	1,778	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	984	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	889	0	0
15.00	01500	PHARMACY	0	0	2,096	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,334	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	993	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,100	0	318	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	47,810	0	100,128	0	150,593
31.00	03100	INTENSIVE CARE UNIT	10,905	0	14,480	0	29,898
41.00	04100	SUBPROVIDER - IRF	0	0	16,004	0	36,816
43.00	04300	NURSERY	3,210	0	2,191	0	6,269
44.00	04400	SKILLED NURSING FACILITY	0	10,703	0	0	240,444
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	10,277	0	33,405	0	0
50.01	03330	AMBULATORY SURGERY	9,582	0	0	0	0
51.00	05100	RECOVERY ROOM	3,185	0	635	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	380	0	635	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,684	0	6,224	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,219	0	4,001	0	0
56.00	05600	RADIOISOTOPE	0	0	1,270	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,553	0	0	0	0
60.00	06000	LABORATORY	0	0	7,261	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	445	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,207	0	0
66.00	06600	PHYSICAL THERAPY	10,095	0	1,905	0	0
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	11,971	0
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,540	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,642	0	1,588	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	381	0	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,173	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	318	0	0
74.00	07400	RENAL DIALYSIS	740	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	54	0	12,850	0	0
90.01	09001	WELLNESS PROGRAM	21	0	0	0	0
90.02	09002	WOUND CARE CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	18,286	0	16,089	0	0	91.00
91.01	04040	FAMILY PRACTICE	143	0	3,048	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,986	10,703	241,117	25,694	464,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	222	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	24,055	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	5,081	0	0	193.00
194.00	07950	OTHER	0	0	131	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	138,986	10,703	270,606	25,694	464,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	119,162					10.01
11.00	01100	CAFETERIA	0	183,836				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,433	0	640,845		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,427	0	0	494,512	14.00
15.00	01500	PHARMACY	0	3,804	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,292	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	287	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,026	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,673	46,786	0	273,841	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,678	14,996	0	87,780	0	31.00
41.00	04100	SUBPROVIDER - I&R	9,454	8,687	0	50,847	0	41.00
43.00	04300	NURSERY	1,610	2,011	0	11,773	0	43.00
44.00	04400	SKILLED NURSING FACILITY	61,747	20,115	0	117,742	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	7,522	0	44,032	0	50.00
50.01	03330	AMBULATORY SURGERY	0	3,908	0	22,875	0	50.01
51.00	05100	RECOVERY ROOM	0	1,593	0	9,323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	589	0	3,445	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,054	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,564	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,096	0	0	0	56.00
57.00	05700	CT SCAN	0	1,503	0	0	0	57.00
58.00	05800	MRI	0	912	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,663	0	15,585	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
65.00	06500	RESPIRATORY THERAPY	0	4,965	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,508	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	2,483	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	824	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,200	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,272	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,766	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,366	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	243,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	250,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,251	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	593	0	0	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	420	0	2,458	0	90.00
90.01	09001	WELLNESS PROGRAM	0	195	0	1,144	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	9,742	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	3,827	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,156	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,162	183,836	0	640,845	494,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	119,162	183,836	0	640,845	494,512	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	326,969					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	349,823				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	8,171		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	24,283	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,542	0	0		31.00
41.00	04100	SUBPROVIDER - I&R	0	1,944	0	0		41.00
43.00	04300	NURSERY	0	11,046	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	8,171		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	2,290	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	1,056	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,869	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,089	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,720	0	0		55.00
56.00	05600	RADIOISOTOPE	0	41,028	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	20,096	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,632	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	10,690	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	5,348	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	3,685	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,670	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,804	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,830	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	326,969	5,484	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	19,802	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	10,915	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	326,969	349,823	0	8,171	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	326,969	349,823	0	8,171	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
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
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		115, 114			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			215, 453		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					4, 141, 209 30.00
31.00 03100	INTENSIVE CARE UNIT					955, 959 31.00
41.00 04100	SUBPROVIDER - I&F					1, 073, 182 41.00
43.00 04300	NURSERY					75, 599 43.00
44.00 04400	SKILLED NURSING FACILITY					824, 180 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					1, 647, 005 50.00
50.01 03330	AMBULATORY SURGERY					420, 488 50.01
51.00 05100	RECOVERY ROOM					71, 601 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					0 52.00
53.00 05300	ANESTHESIOLOGY					99, 725 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					1, 961, 670 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					788, 674 55.00
56.00 05600	RADIOISOTOPE					221, 799 56.00
57.00 05700	CT SCAN					75, 258 57.00
58.00 05800	MRI					328, 805 58.00
59.00 05900	CARDIAC CATHETERIZATION					305, 985 59.00
60.00 06000	LABORATORY					549, 081 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					31, 349 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					0 62.30
65.00 06500	RESPIRATORY THERAPY					184, 529 65.00
66.00 06600	PHYSICAL THERAPY					255, 641 66.00
66.01 06601	RNRC PHYSICAL THERAPY					78, 367 66.01
66.02 06602	DAY REHABILITATION FACILITY					290, 523 66.02
67.00 06700	OCCUPATIONAL THERAPY					201, 792 67.00
68.00 06800	SPEECH PATHOLOGY					69, 341 68.00
69.00 06900	ELECTROCARDIOLOGY					410, 542 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					32, 984 70.00
70.01 07001	ELECTROPHYSIOLOGY					0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					441, 559 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					414, 156 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					672, 355 73.00
74.00 07400	RENAL DIALYSIS					148, 267 74.00
76.97 07697	CARDIAC REHABILITATION					195, 831 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					0 76.98
76.99 07699	LITHOTRIPSY					0 76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC				288,663	90.00	
90.01	09001	WELLNESS PROGRAM				54,591	90.01	
90.02	09002	WOUND CARE CENTER				65,848	90.02	
91.00	09100	EMERGENCY				528,920	91.00	
91.01	04040	FAMILY PRACTICE				277,167	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				33,767	92.01	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	18,216,412	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				402	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				24,055	192.00	
193.00	19300	NONPAID WORKERS				128,345	193.00	
194.00	07950	OTHER				3,698	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05	
200.00		Cross Foot Adjustments	0	115,114	215,453	0	330,567	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	115,114	215,453	0	18,703,479	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
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
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	4,141,209
31.00	03100	INTENSIVE CARE UNIT	0	955,959
41.00	04100	SUBPROVIDER - I RF	0	1,073,182
43.00	04300	NURSERY	0	75,599
44.00	04400	SKILLED NURSING FACILITY	0	824,180
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	1,647,005
50.01	03330	AMBULATORY SURGERY	0	420,488
51.00	05100	RECOVERY ROOM	0	71,601
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	99,725
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,961,670
55.00	05500	RADIOLOGY-THERAPEUTIC	0	788,674
56.00	05600	RADIOISOTOPE	0	221,799
57.00	05700	CT SCAN	0	75,258
58.00	05800	MRI	0	328,805
59.00	05900	CARDIAC CATHETERIZATION	0	305,985
60.00	06000	LABORATORY	0	549,081
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	31,349
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	184,529
66.00	06600	PHYSICAL THERAPY	0	255,641
66.01	06601	RNRC PHYSICAL THERAPY	0	78,367
66.02	06602	DAY REHABILITATION FACILITY	0	290,523
67.00	06700	OCCUPATIONAL THERAPY	0	201,792
68.00	06800	SPEECH PATHOLOGY	0	69,341
69.00	06900	ELECTROCARDIOLOGY	0	410,542
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,984
70.01	07001	ELECTROPHYSIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	441,559
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	414,156
73.00	07300	DRUGS CHARGED TO PATIENTS	0	672,355
74.00	07400	RENAL DIALYSIS	0	148,267
76.97	07697	CARDIAC REHABILITATION	0	195,831
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	288,663	90.00
90.01	09001	WELLNESS PROGRAM	0	54,591	90.01
90.02	09002	WOUND CARE CENTER	0	65,848	90.02
91.00	09100	EMERGENCY	0	528,920	91.00
91.01	04040	FAMILY PRACTICE	0	277,167	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	33,767	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,216,412	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	402	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,055	192.00
193.00	19300	NONPAID WORKERS	0	128,345	193.00
194.00	07950	OTHER	0	3,698	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	330,567	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	18,703,479	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	810,757				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,121,670			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,820	11,835	97,283,119		4.00
5.10 01160	COMMUNICATIONS	4,734	191	0	417	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	7,209,220
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545
5.60 00592	ADMINISTRATION & GENERAL	135,280	374,102	4,506,517	77	947,826
5.90 00593	RNP ADMINISTRATION	0	460,718	668,833	1	160,180
6.00 00600	MAINTENANCE & REPAIRS	5,918	8,846	77,590	10	0
7.00 00700	OPERATION OF PLANT	153,301	303,215	1,474,002	7	39,769
7.01 00701	ELECTRICITY	0	0	0	8	0
7.02 00702	RNP OPERATION OF PLANT	0	96,118	104,888	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	5,873	1	125,265	1	0
8.01 00801	RNP LAUNDRY	0	685	174,292	0	0
9.00 00900	HOUSEKEEPING	9,791	9,325	1,608,434	1	0
9.01 00901	RNP HOUSEKEEPING	0	0	354,003	0	0
10.00 01000	DIETARY	18,366	18,504	464,850	7	22,094
10.01 01001	RNP DIETARY	0	10,762	0	0	0
11.00 01100	CAFETERIA	6,764	0	1,006,529	6	18,780
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	5,399	458,225	2,215,065	19	161,285
14.00 01400	CENTRAL SERVICES & SUPPLY	12,383	106,576	383,004	1	34,245
15.00 01500	PHARMACY	10,269	34,806	2,328,695	9	416,469
16.00 01600	MEDICAL RECORDS & LIBRARY	9,770	439	2,767,292	28	795,378
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01701	RNP SOCIAL SERVICE	0	0	124,791	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,152,091	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,280	288	1,501,409	11	13,256
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	140,508	91,074	17,880,742	40	420,887
31.00 03100	INTENSIVE CARE UNIT	26,474	80,833	6,606,837	2	95,004
41.00 04100	SUBPROVIDER - IRF	39,855	13,972	3,583,241	3	40,874
43.00 04300	NURSERY	0	19,600	875,067	2	40,874
44.00 04400	SKILLED NURSING FACILITY	0	22,918	7,113,696	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	21,542	555,047	3,736,603	5	80,643
50.01 03330	AMBULATORY SURGERY	13,610	40,189	2,284,199	0	0
51.00 05100	RECOVERY ROOM	1,849	522	852,531	1	26,513
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	2,168	36,380	165,256	2	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,517	556,327	3,505,131	21	943,407
55.00 05500	RADIOLOGY-THERAPEUTIC	10,993	357,214	1,107,687	12	53,025
56.00 05600	RADIOISOTOPE	5,916	13,217	1,329,944	4	121,516
57.00 05700	CT SCAN	2,641	523	802,252	0	0
58.00 05800	MRI	5,038	158,550	500,786	0	0
59.00 05900	CARDIAC CATHETERIZATION	9,799	32,286	1,458,716	1	0
60.00 06000	LABORATORY	13,841	53,931	0	24	1,293,593
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	2,912	0	1	188,902
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,094	29,051	1,835,488	5	40,874
66.00 06600	PHYSICAL THERAPY	7,597	3,770	3,091,400	11	62,967
66.01 06601	RNRC PHYSICAL THERAPY	0	2,747	1,927,260	0	0
66.02 06602	DAY REHABILITATION FACILITY	5,431	508	603,435	0	0
67.00 06700	OCCUPATIONAL THERAPY	7,793	0	1,633,486	7	107,155
68.00 06800	SPEECH PATHOLOGY	1,701	12,359	1,070,311	1	0
69.00 06900	ELECTROCARDIOLOGY	12,581	59,403	766,021	9	26,513
70.00 07000	ELECTROENCEPHALOGRAPHY	0	8,843	258,786	1	26,513
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	3,750	0	0	0	0
74.00 07400	RENAL DIALYSIS	5,523	1,191	626,720	2	110,469
76.97 07697	CARDIAC REHABILITATION	0	7,081	484,673	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	7,449	1,250	598,724	12	175,646	90.00
90.01 09001 WELLNESS PROGRAM	2,173	0	184,746	1	0	90.01
90.02 09002 WOUND CARE CENTER	0	53,828	255,185	0	0	90.02
91.00 09100 EMERGENCY	17,128	10,885	4,109,395	12	108,260	91.00
91.01 04040 FAMILY PRACTICE	655	0	1,179,966	21	110,469	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	623	1,596,045	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	805,103	4,121,670	97,061,879	416	7,209,220	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	5,654	0	11,956	0	0	193.00
194.00 07950 OTHER	0	0	209,284	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	12,312,604	4,157,534	22,515,042	250,496	4,106,333	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.186553	1.008701	0.231438	600.709832	0.569595	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			311,703	72,086	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003204	172.868106	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: 14-0117

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	36,177,567				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,455,803,203			5.50
5.60	00592	ADMINISTRATION & GENERAL	384,838	0	-48,969,065	225,769,101	5.60
5.90	00593	RNP ADMINISTRATION	32,892	0	-4,065,505	0	8,390,569
6.00	00600	MAINTENANCE & REPAIRS	13,751	0	0	398,047	0
7.00	00700	OPERATION OF PLANT	432,677	0	0	12,939,948	0
7.01	00701	ELECTRICITY	0	0	0	4,806	0
7.02	00702	RNP OPERATION OF PLANT	1,311	0	0	845,220	743,403
8.00	00800	LAUNDRY & LINEN SERVICE	311,273	0	0	1,091,484	0
8.01	00801	RNP LAUNDRY	13,093	0	0	227,260	107,392
9.00	00900	HOUSEKEEPING	163,793	0	0	3,786,359	0
9.01	00901	RNP HOUSEKEEPING	86,040	0	0	595,476	297,392
10.00	01000	DIETARY	1,173,174	0	-555,639	0	0
10.01	01001	RNP DIETARY	596,952	0	0	1,504,742	1,528,644
11.00	01100	CAFETERIA	0	0	0	3,055,862	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	58,587	0	0	3,620,837	0
14.00	01400	CENTRAL SERVICES & SUPPLY	96,532	0	0	799,678	0
15.00	01500	PHARMACY	115,672	0	0	3,656,184	0
16.00	01600	MEDICAL RECORDS & LIBRARY	11,166	0	0	7,589,614	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	191,163	73,205
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	8,789,330	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,073	0	0	6,886,514	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	466,861	184,873,193	0	25,842,338	0
31.00	03100	INTENSIVE CARE UNIT	105,161	50,087,255	0	9,938,933	0
41.00	04100	SUBPROVIDER - IIRF	43,781	29,391,552	0	5,338,188	0
43.00	04300	NURSERY	49	8,544,113	0	1,296,987	0
44.00	04400	SKILLED NURSING FACILITY	158,234	20,572,318	0	10,327,576	3,083,841
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	783,999	112,667,206	0	8,570,338	0
50.01	03330	AMBULATORY SURGERY	435,356	30,987,874	0	3,611,894	0
51.00	05100	RECOVERY ROOM	4,961	22,539,388	0	1,161,906	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	8,464	31,604,752	0	373,629	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	247,925	64,757,889	0	6,581,105	0
55.00	05500	RADIOLOGY-THERAPEUTIC	26,867	21,711,362	0	3,517,098	0
56.00	05600	RADIOISOTOPE	567,983	39,854,295	0	2,639,364	0
57.00	05700	CT SCAN	6,157	64,801,266	0	1,290,995	0
58.00	05800	MRI	3,237	27,873,969	0	1,151,953	0
59.00	05900	CARDIAC CATHETERIZATION	72,593	67,911,866	0	3,090,205	0
60.00	06000	LABORATORY	149,265	133,455,723	0	12,159,417	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,115,085	8,666,876	0	1,211,289	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,893	34,922,071	0	2,520,862	0
66.00	06600	PHYSICAL THERAPY	10,690	29,709,320	0	4,102,734	0
66.01	06601	RNRC PHYSICAL THERAPY	14,427	4,883,892	0	2,413,574	387,808
66.02	06602	DAY REHABILITATION FACILITY	3,225	5,938,120	0	1,012,928	0
67.00	06700	OCCUPATIONAL THERAPY	9,027	12,647,846	0	2,246,026	0
68.00	06800	SPEECH PATHOLOGY	4,282	5,729,375	0	1,375,509	0
69.00	06900	ELECTROCARDIOLOGY	12,856	42,446,011	0	1,486,104	0
70.00	07000	ELECTROENCEPHALOGRAPHY	26	1,403,861	0	232,081	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,879,376	61,087,969	0	14,304,280	225,706
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,271,260	50,502,104	0	14,466,289	5,455
73.00	07300	DRUGS CHARGED TO PATIENTS	0	162,062,477	0	12,894,040	1,937,723
74.00	07400	RENAL DIALYSIS	9,407	5,943,145	0	1,532,666	0
76.97	07697	CARDIAC REHABILITATION	7,813	2,227,630	0	723,928	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)		
		5.30	5.50	5A.60	5.60	5.90		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	28,931	1,179,961	0	689,339	0	90.00
90.01	09001	WELLNESS PROGRAM	11,519	183,720	0	258,038	0	90.01
90.02	09002	WOUND CARE CENTER	0	7,894,230	0	955,349	0	90.02
91.00	09100	EMERGENCY	145,774	84,925,257	0	6,128,662	0	91.00
91.01	04040	FAMILY PRACTICE	13,220	4,194,975	0	1,907,988	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	23,990	17,620,342	0	2,051,533	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,177,518	1,455,803,203	-53,590,209	225,387,669	8,390,569	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	601	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	49	0	0	122,711	0	193.00
194.00	07950	OTHER	0	0	0	258,120	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	152,589	3,887,340		48,969,065	4,065,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004218	0.002670		0.216899	0.484533	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,902	3,102		2,532,798	498,121	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000053	0.000002		0.011219	0.059367	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,303,626					6.00
7.00	00700	883,312	501,704				7.00
7.01	00701	0	0	501,704			7.01
7.02	00702	57,415	0	0	501,704		7.02
8.00	00800	0	5,873	5,873	5,873	1,588,832	8.00
8.01	00801	4,937	0	0	0	0	8.01
9.00	00900	10,239	9,791	9,791	9,791	1,140	9.00
9.01	00901	2,703	0	0	0	0	9.01
10.00	01000	52,116	18,366	18,366	18,366	0	10.00
10.01	01001	7,899	0	0	0	0	10.01
11.00	01100	0	6,764	6,764	6,764	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,089	5,399	5,399	5,399	0	13.00
14.00	01400	46	12,383	12,383	12,383	0	14.00
15.00	01500	680	10,269	10,269	10,269	0	15.00
16.00	01600	1,060	9,770	9,770	9,770	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	89	5,280	5,280	5,280	24,011	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,305	140,508	140,508	140,508	546,548	30.00
31.00	03100	0	26,474	26,474	26,474	124,661	31.00
41.00	04100	1,449	39,855	39,855	39,855	0	41.00
43.00	04300	0	0	0	0	36,700	43.00
44.00	04400	422	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	223,507	21,542	21,542	21,542	117,479	50.00
50.01	03330	0	13,610	13,610	13,610	109,536	50.01
51.00	05100	0	1,849	1,849	1,849	36,409	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,168	2,168	2,168	4,343	53.00
54.00	05400	509	42,517	42,517	42,517	167,856	54.00
55.00	05500	228	10,993	10,993	10,993	25,369	55.00
56.00	05600	3,535	5,916	5,916	5,916	0	56.00
57.00	05700	96	2,641	2,641	2,641	0	57.00
58.00	05800	96	5,038	5,038	5,038	0	58.00
59.00	05900	0	9,799	9,799	9,799	29,186	59.00
60.00	06000	22,054	13,841	13,841	13,841	0	60.00
62.00	06200	0	529	529	529	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	89	3,094	3,094	3,094	0	65.00
66.00	06600	506	7,597	7,597	7,597	115,401	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	3,282	5,431	5,431	5,431	0	66.02
67.00	06700	506	7,793	7,793	7,793	0	67.00
68.00	06800	431	1,701	1,701	1,701	0	68.00
69.00	06900	6,910	12,581	12,581	12,581	30,201	69.00
70.00	07000	523	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	3,750	3,750	3,750	0	73.00
74.00	07400	2,350	5,523	5,523	5,523	8,462	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	8,568	7,449	7,449	7,449	616	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	2,173	2,173	2,173	245	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	17,128	17,128	17,128	209,038	91.00
91.01	04040	FAMILY PRACTICE	1,675	655	655	655	1,631	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,303,626	496,050	496,050	496,050	1,588,832	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	5,654	5,654	5,654	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	484,383	16,074,819	5,848	1,410,083	1,532,975	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.371566	32.040444	0.011656	2.810588	0.964844	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	105,794	2,868,556	1,437	155,566	138,986	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.081154	5.717626	0.002864	0.310075	0.087477	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	67,330					8.01
9.00	00900		127,830				9.00
9.01	00901			10,631			9.01
10.00	01000		3,360	4,368	138,781		10.00
10.01	01001					138,781	10.01
11.00	01100		840				11.00
12.00	01200						12.00
13.00	01300		465				13.00
14.00	01400		420				14.00
15.00	01500		990				15.00
16.00	01600		630				16.00
17.00	01700						17.00
17.01	01701			411			17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		150				22.00
23.00	02300						23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		47,300		45,040	45,040	30.00
31.00	03100		6,840		8,942	8,942	31.00
41.00	04100		7,560		11,011	11,011	41.00
43.00	04300		1,035		1,875	1,875	43.00
44.00	04400	67,330			71,913	71,913	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		15,780				50.00
50.01	03330						50.01
51.00	05100		300				51.00
52.00	05200						52.00
53.00	05300		300				53.00
54.00	05400		2,940				54.00
55.00	05500		1,890				55.00
56.00	05600		600				56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		3,430				60.00
62.00	06200		210				62.00
62.30	06250						62.30
65.00	06500		570				65.00
66.00	06600		900				66.00
66.01	06601			4,953			66.01
66.02	06602						66.02
67.00	06700		1,200				67.00
68.00	06800						68.00
69.00	06900		750				69.00
70.00	07000		180				70.00
70.01	07001						70.01
71.00	07100			899			71.00
72.00	07200						72.00
73.00	07300		150				73.00
74.00	07400						74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000		6,070				90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,330	113,900	10,631	138,781	138,781	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	330,421	4,953,860	869,734	1,702,855	2,574,732	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.907486	38.753501	81.811118	12.270087	18.552482	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,703	270,606	25,694	464,020	119,162	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.158963	2.116921	2.416894	3.343541	0.858633	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	3,871,336	0				12.00
13.00	01300	72,304	0	2,305,583			13.00
14.00	01400	30,043	0	0	28,150,636		14.00
15.00	01500	80,100	0	0	0	12,404,383	15.00
16.00	01600	69,332	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	6,051	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	169,010	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	985,204	0	985,204	0	0	30.00
31.00	03100	315,807	0	315,807	0	0	31.00
41.00	04100	182,934	0	182,934	0	0	41.00
43.00	04300	42,356	0	42,356	0	0	43.00
44.00	04400	423,604	0	423,604	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	158,415	0	158,415	0	0	50.00
50.01	03330	82,297	0	82,297	0	0	50.01
51.00	05100	33,543	0	33,543	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	12,394	0	12,394	0	0	53.00
54.00	05400	190,662	0	0	0	0	54.00
55.00	05500	32,945	0	0	0	0	55.00
56.00	05600	44,137	0	0	0	0	56.00
57.00	05700	31,652	0	0	0	0	57.00
58.00	05800	19,213	0	0	0	0	58.00
59.00	05900	56,070	0	56,070	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	104,555	0	0	0	0	65.00
66.00	06600	94,932	0	0	0	0	66.00
66.01	06601	52,282	0	0	0	0	66.01
66.02	06602	17,349	0	0	0	0	66.02
67.00	06700	46,327	0	0	0	0	67.00
68.00	06800	26,792	0	0	0	0	68.00
69.00	06900	37,200	0	0	0	0	69.00
70.00	07000	28,772	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	13,879,376	0	71.00
72.00	07200	0	0	0	14,271,260	0	72.00
73.00	07300	0	0	0	0	12,404,383	73.00
74.00	07400	26,335	0	0	0	0	74.00
76.97	07697	12,496	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	8,842	0	8,842	0	0
90.01	09001	WELLNESS PROGRAM	4,117	0	4,117	0	0
90.02	09002	WOUND CARE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	205,152	0	0	0	0
91.01	04040	FAMILY PRACTICE	80,589	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	87,523	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,871,336	0	2,305,583	28,150,636	12,404,383
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER	0	0	0	0	0
194.05	07955	NON EMPLOYEE CHILD CARE	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)	3,987,040	0	4,687,306	1,452,066	4,928,325
203.00		Unit cost multiplier (Wkst. B, Part I)	1.029887	0.000000	2.033024	0.051582	0.397305
204.00		Cost to be allocated (per Wkst. B, Part II)	183,836	0	640,845	494,512	326,969
205.00		Unit cost multiplier (Wkst. B, Part II)	0.047486	0.000000	0.277954	0.017567	0.026359
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: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	42,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT ))	SOCIAL SERVICE (TIME SPENT ))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,211	0	100	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,672,615	0	307,952	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.799479	0.000000	3,079.520000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	349,823	0	8,171	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.571409	0.000000	81.710000	0.000000	0.000000	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: 14-0117

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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
5.10 01160 COMMUNICATIONS					5.10
5.20 00550 DATA PROCESSING					5.20
5.30 00560 PURCHASING RECEIVING AND STORES					5.30
5.50 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592 ADMINISTRATION & GENERAL					5.60
5.90 00593 RNP ADMINISTRATION					5.90
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 ELECTRICITY					7.01
7.02 00702 RNP OPERATION OF PLANT					7.02
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
8.01 00801 RNP LAUNDRY					8.01
9.00 00900 HOUSEKEEPING					9.00
9.01 00901 RNP HOUSEKEEPING					9.01
10.00 01000 DIETARY					10.00
10.01 01001 RNP DIETARY					10.01
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
17.01 01701 RNP SOCIAL SERVICE					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,420				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,420			22.00
23.00 02300 PARAMED PRGM - (SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	811	811	0		30.00
31.00 03100 INTENSIVE CARE UNIT	101	101	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		41.00
43.00 04300 NURSERY	10	10	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	88	88	0		50.00
50.01 03330 AMBULATORY SURGERY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10	10	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MRI	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	20	20	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
65.00 06500 RESPIRATORY THERAPY	50	50	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	50	50	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10	10	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0		70.01
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
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
76.99 07699 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	20	20	0		90.00
90.01 09001 WELLNESS PROGRAM	20	20	0		90.01
90.02 09002 WOUND CARE CENTER	0	0	0		90.02
91.00 09100 EMERGENCY	150	150	0		91.00
91.01 04040 FAMILY PRACTICE	80	80	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,420	1,420	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 OTHER	0	0	0		194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0		194.05
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)	10,695,727	8,767,342	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7,532.202113	6,174.184507	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	115,114	215,453	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	81.066197	151.727465	0.000000		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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:03 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		43,785,591	0	43,785,591
31.00	03100 INTENSIVE CARE UNIT		14,688,533	0	14,688,533
41.00	04100 SUBPROVIDER - I RF		9,132,450	0	9,132,450
43.00	04300 NURSERY		2,146,767	0	2,146,767
44.00	04400 SKILLED NURSING FACILITY		18,214,373	0	18,214,373
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		12,536,695	0	12,536,695
50.01	03330 AMBULATORY SURGERY		5,227,545	0	5,227,545
51.00	05100 RECOVERY ROOM		1,657,075	0	1,657,075
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0
53.00	05300 ANESTHESIOLOGY		635,708	0	635,708
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,371,220	0	12,371,220
55.00	05500 RADIOLOGY-THERAPEUTIC		5,174,280	0	5,174,280
56.00	05600 RADIOISOTOPE		4,622,525	0	4,622,525
57.00	05700 CT SCAN		1,695,718	0	1,695,718
58.00	05800 MRI		1,597,272	0	1,597,272
59.00	05900 CARDIAC CATHETERIZATION		4,301,984	0	4,301,984
60.00	06000 LABORATORY		15,976,088	0	15,976,088
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,573,384	0	1,573,384
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	3,600,878	0	3,600,878
66.00	06600 PHYSICAL THERAPY	0	5,649,527	0	5,649,527
66.01	06601 RNRC PHYSICAL THERAPY	0	3,685,929	0	3,685,929
66.02	06602 DAY REHABILITATION FACILITY	0	1,441,057	0	1,441,057
67.00	06700 OCCUPATIONAL THERAPY	0	3,099,276	0	3,099,276
68.00	06800 SPEECH PATHOLOGY	0	1,760,911	0	1,760,911
69.00	06900 ELECTROCARDIOLOGY		3,719,516	0	3,719,516
70.00	07000 ELECTROENCEPHALOGRAPHY		728,554	20,629	749,183
70.01	07001 ELECTROPHYSIOLOGY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		18,881,654	0	18,881,654
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,342,796	0	18,342,796
73.00	07300 DRUGS CHARGED TO PATIENTS		21,846,152	0	21,846,152
74.00	07400 RENAL DIALYSIS		2,093,806	0	2,093,806
76.97	07697 CARDIAC REHABILITATION		893,816	0	893,816
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		1,912,173	0	1,912,173
90.01	09001 WELLNESS PROGRAM		402,608	0	402,608
90.02	09002 WOUND CARE CENTER		1,162,563	0	1,162,563
91.00	09100 EMERGENCY		9,064,393	0	9,064,393
91.01	04040 FAMILY PRACTICE		2,485,663	101,714	2,587,377
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,484,126	0	2,484,126
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,586,647	0	2,586,647
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		261,179,253	122,343	261,301,596
201.00	Less Observation Beds		2,484,126		2,484,126
202.00	Total (see instructions)		258,695,127	122,343	258,817,470

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 11:03 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	173,504,359		173,504,359				30.00
31.00	03100	INTENSIVE CARE UNIT	50,087,255		50,087,255				31.00
41.00	04100	SUBPROVIDER - IRF	29,391,552		29,391,552				41.00
43.00	04300	NURSERY	8,544,113		8,544,113				43.00
44.00	04400	SKILLED NURSING FACILITY	20,572,318		20,572,318				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	69,145,621	43,521,585	112,667,206	0.111272	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	6,008,553	24,979,321	30,987,874	0.168696	0.000000		50.01
51.00	05100	RECOVERY ROOM	11,174,534	11,364,854	22,539,388	0.073519	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,582,397	16,022,355	31,604,752	0.020114	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,810,391	44,947,498	64,757,889	0.191038	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,130,484	20,580,878	21,711,362	0.238321	0.000000		55.00
56.00	05600	RADIO SOTOPE	10,318,391	29,535,904	39,854,295	0.115986	0.000000		56.00
57.00	05700	CT SCAN	26,294,541	38,506,725	64,801,266	0.026168	0.000000		57.00
58.00	05800	MRI	6,057,506	21,816,463	27,873,969	0.057303	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	35,385,693	32,526,173	67,911,866	0.063347	0.000000		59.00
60.00	06000	LABORATORY	88,733,440	44,722,283	133,455,723	0.119711	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,806,498	860,378	8,666,876	0.181540	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	32,990,283	1,931,788	34,922,071	0.103112	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	19,369,603	10,339,717	29,709,320	0.190160	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	4,883,892	0	4,883,892	0.754711	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	65,008	5,873,112	5,938,120	0.242679	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	9,511,230	3,136,616	12,647,846	0.245044	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,056,893	2,672,482	5,729,375	0.307348	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,859,414	20,586,597	42,446,011	0.087629	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	539,493	864,368	1,403,861	0.518964	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,330,172	19,757,797	61,087,969	0.309090	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,092,097	14,410,007	50,502,104	0.363209	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,238,389	40,824,088	162,062,477	0.134801	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,679,391	2,263,754	5,943,145	0.352306	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	357,406	1,870,224	2,227,630	0.401241	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
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	3,122	1,176,839	1,179,961	1.620539	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0	183,720	183,720	2.191422	0.000000		90.01
90.02	09002	WOUND CARE CENTER	55,211	7,839,019	7,894,230	0.147267	0.000000		90.02
91.00	09100	EMERGENCY	28,723,891	56,201,366	84,925,257	0.106734	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0	4,194,975	4,194,975	0.592533	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,127	10,001,707	11,368,834	0.218503	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,245,233	7,375,109	17,620,342	0.146799	0.000000		92.01
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	914,915,501	540,887,702	1,455,803,203				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	914,915,501	540,887,702	1,455,803,203				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:03 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.111272		50.00
50.01	03330 AMBULATORY SURGERY	0.168696		50.01
51.00	05100 RECOVERY ROOM	0.073519		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.020114		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191038		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238321		55.00
56.00	05600 RADIOISOTOPE	0.115986		56.00
57.00	05700 CT SCAN	0.026168		57.00
58.00	05800 MRI	0.057303		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063347		59.00
60.00	06000 LABORATORY	0.119711		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.103112		65.00
66.00	06600 PHYSICAL THERAPY	0.190160		66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.754711		66.01
66.02	06602 DAY REHABILITATION FACILITY	0.242679		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.245044		67.00
68.00	06800 SPEECH PATHOLOGY	0.307348		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087629		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.533659		70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363209		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134801		73.00
74.00	07400 RENAL DIALYSIS	0.352306		74.00
76.97	07697 CARDIAC REHABILITATION	0.401241		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.620539		90.00
90.01	09001 WELLNESS PROGRAM	2.191422		90.01
90.02	09002 WOUND CARE CENTER	0.147267		90.02
91.00	09100 EMERGENCY	0.106734		91.00
91.01	04040 FAMILY PRACTICE	0.616780		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218503		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.146799		92.01
	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: 14-0117

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XIX		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Dissallowance	
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	43,785,591		43,785,591	0	43,785,591 30.00
31.00	03100 INTENSIVE CARE UNIT	14,688,533		14,688,533	0	14,688,533 31.00
41.00	04100 SUBPROVIDER - I RF	9,132,450		9,132,450	0	9,132,450 41.00
43.00	04300 NURSERY	2,146,767		2,146,767	0	2,146,767 43.00
44.00	04400 SKILLED NURSING FACILITY	18,214,373		18,214,373	0	18,214,373 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	12,536,695		12,536,695	0	12,536,695 50.00
50.01	03330 AMBULATORY SURGERY	5,227,545		5,227,545	0	5,227,545 50.01
51.00	05100 RECOVERY ROOM	1,657,075		1,657,075	0	1,657,075 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	635,708		635,708	0	635,708 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,371,220		12,371,220	0	12,371,220 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,174,280		5,174,280	0	5,174,280 55.00
56.00	05600 RADIOISOTOPE	4,622,525		4,622,525	0	4,622,525 56.00
57.00	05700 CT SCAN	1,695,718		1,695,718	0	1,695,718 57.00
58.00	05800 MRI	1,597,272		1,597,272	0	1,597,272 58.00
59.00	05900 CARDIAC CATHETERIZATION	4,301,984		4,301,984	0	4,301,984 59.00
60.00	06000 LABORATORY	15,976,088		15,976,088	0	15,976,088 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,573,384		1,573,384	0	1,573,384 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	3,600,878	0	3,600,878	0	3,600,878 65.00
66.00	06600 PHYSICAL THERAPY	5,649,527	0	5,649,527	0	5,649,527 66.00
66.01	06601 RNRC PHYSICAL THERAPY	3,685,929	0	3,685,929	0	3,685,929 66.01
66.02	06602 DAY REHABILITATION FACILITY	1,441,057	0	1,441,057	0	1,441,057 66.02
67.00	06700 OCCUPATIONAL THERAPY	3,099,276	0	3,099,276	0	3,099,276 67.00
68.00	06800 SPEECH PATHOLOGY	1,760,911	0	1,760,911	0	1,760,911 68.00
69.00	06900 ELECTROCARDIOLOGY	3,719,516		3,719,516	0	3,719,516 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	728,554		728,554	20,629	749,183 70.00
70.01	07001 ELECTROPHYSIOLOGY	0		0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,881,654		18,881,654	0	18,881,654 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,342,796		18,342,796	0	18,342,796 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,846,152		21,846,152	0	21,846,152 73.00
74.00	07400 RENAL DIALYSIS	2,093,806		2,093,806	0	2,093,806 74.00
76.97	07697 CARDIAC REHABILITATION	893,816		893,816	0	893,816 76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0 76.98
76.99	07699 LI THOTRI PSY	0		0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1,912,173		1,912,173	0	1,912,173 90.00
90.01	09001 WELLNESS PROGRAM	402,608		402,608	0	402,608 90.01
90.02	09002 WOUND CARE CENTER	1,162,563		1,162,563	0	1,162,563 90.02
91.00	09100 EMERGENCY	9,064,393		9,064,393	0	9,064,393 91.00
91.01	04040 FAMILY PRACTICE	2,485,663		2,485,663	101,714	2,587,377 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,484,126		2,484,126	0	2,484,126 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,586,647		2,586,647	0	2,586,647 92.01
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	261,179,253	0	261,179,253	122,343	261,301,596 200.00
201.00	Less Observation Beds	2,484,126		2,484,126		2,484,126 201.00
202.00	Total (see instructions)	258,695,127	0	258,695,127	122,343	258,817,470 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 11:03 am	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	173,504,359		173,504,359			30.00
31.00	03100	INTENSIVE CARE UNIT	50,087,255		50,087,255			31.00
41.00	04100	SUBPROVIDER - IRF	29,391,552		29,391,552			41.00
43.00	04300	NURSERY	8,544,113		8,544,113			43.00
44.00	04400	SKILLED NURSING FACILITY	20,572,318		20,572,318			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	69,145,621	43,521,585	112,667,206	0.111272	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	6,008,553	24,979,321	30,987,874	0.168696	0.000000	50.01
51.00	05100	RECOVERY ROOM	11,174,534	11,364,854	22,539,388	0.073519	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,582,397	16,022,355	31,604,752	0.020114	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,810,391	44,947,498	64,757,889	0.191038	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,130,484	20,580,878	21,711,362	0.238321	0.000000	55.00
56.00	05600	RADIO SOTOPE	10,318,391	29,535,904	39,854,295	0.115986	0.000000	56.00
57.00	05700	CT SCAN	26,294,541	38,506,725	64,801,266	0.026168	0.000000	57.00
58.00	05800	MRI	6,057,506	21,816,463	27,873,969	0.057303	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,385,693	32,526,173	67,911,866	0.063347	0.000000	59.00
60.00	06000	LABORATORY	88,733,440	44,722,283	133,455,723	0.119711	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,806,498	860,378	8,666,876	0.181540	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,990,283	1,931,788	34,922,071	0.103112	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,369,603	10,339,717	29,709,320	0.190160	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	4,883,892	0	4,883,892	0.754711	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	65,008	5,873,112	5,938,120	0.242679	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,511,230	3,136,616	12,647,846	0.245044	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,056,893	2,672,482	5,729,375	0.307348	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,859,414	20,586,597	42,446,011	0.087629	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	539,493	864,368	1,403,861	0.518964	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,330,172	19,757,797	61,087,969	0.309090	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,092,097	14,410,007	50,502,104	0.363209	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,238,389	40,824,088	162,062,477	0.134801	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,679,391	2,263,754	5,943,145	0.352306	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	357,406	1,870,224	2,227,630	0.401241	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,122	1,176,839	1,179,961	1.620539	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	183,720	183,720	2.191422	0.000000	90.01
90.02	09002	WOUND CARE CENTER	55,211	7,839,019	7,894,230	0.147267	0.000000	90.02
91.00	09100	EMERGENCY	28,723,891	56,201,366	84,925,257	0.106734	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	4,194,975	4,194,975	0.592533	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,367,127	10,001,707	11,368,834	0.218503	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,245,233	7,375,109	17,620,342	0.146799	0.000000	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	914,915,501	540,887,702	1,455,803,203			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	914,915,501	540,887,702	1,455,803,203			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 11:03 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0.000000		90.01
90.02	09002	WOUND CARE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,141,209	0	4,141,209	47,749	86.73	30.00
31.00	INTENSIVE CARE UNIT	955,959		955,959	8,942	106.91	31.00
41.00	SUBPROVIDER - IRF	1,073,182	0	1,073,182	11,011	97.46	41.00
43.00	NURSERY	75,599		75,599	1,875	40.32	43.00
44.00	SKILLED NURSING FACILITY	824,180		824,180	71,913	11.46	44.00
200.00	Total (lines 30 through 199)	7,070,129		7,070,129	141,490		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,869	2,070,158				
31.00	INTENSIVE CARE UNIT	2,936	313,888				
41.00	SUBPROVIDER - IRF	7,700	750,442				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	15,584	178,593				
200.00	Total (lines 30 through 199)	50,089	3,313,081				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,647,005	112,667,206	0.014618	28,525,369	416,984	50.00
50.01	03330	AMBULATORY SURGERY	420,488	30,987,874	0.013569	3,301,673	44,800	50.01
51.00	05100	RECOVERY ROOM	71,601	22,539,388	0.003177	4,878,714	15,500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	99,725	31,604,752	0.003155	6,321,789	19,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,961,670	64,757,889	0.030292	10,309,260	312,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	788,674	21,711,362	0.036325	542,811	19,718	55.00
56.00	05600	RADIOISOTOPE	221,799	39,854,295	0.005565	5,088,832	28,319	56.00
57.00	05700	CT SCAN	75,258	64,801,266	0.001161	12,712,952	14,760	57.00
58.00	05800	MRI	328,805	27,873,969	0.011796	2,710,219	31,970	58.00
59.00	05900	CARDIAC CATHETERIZATION	305,985	67,911,866	0.004506	16,321,097	73,543	59.00
60.00	06000	LABORATORY	549,081	133,455,723	0.004114	42,522,456	174,937	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	31,349	8,666,876	0.003617	3,341,547	12,086	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	184,529	34,922,071	0.005284	16,402,033	86,668	65.00
66.00	06600	PHYSICAL THERAPY	255,641	29,709,320	0.008605	4,729,351	40,696	66.00
66.01	06601	RNRC PHYSICAL THERAPY	78,367	4,883,892	0.016046	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	290,523	5,938,120	0.048925	9,535	466	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,792	12,647,846	0.015955	1,747,274	27,878	67.00
68.00	06800	SPEECH PATHOLOGY	69,341	5,729,375	0.012103	750,655	9,085	68.00
69.00	06900	ELECTROCARDIOLOGY	410,542	42,446,011	0.009672	12,009,113	116,152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,984	1,403,861	0.023495	234,804	5,517	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	441,559	61,087,969	0.007228	19,525,853	141,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,156	50,502,104	0.008201	17,762,096	145,667	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,355	162,062,477	0.004149	52,173,147	216,466	73.00
74.00	07400	RENAL DIALYSIS	148,267	5,943,145	0.024948	1,957,412	48,834	74.00
76.97	07697	CARDIAC REHABILITATION	195,831	2,227,630	0.087910	0	0	76.97
76.98	07698	HYPERBARI C 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								
90.00	09000	CLINIC	288,663	1,179,961	0.244638	3,012	737	90.00
90.01	09001	WELLNESS PROGRAM	54,591	183,720	0.297142	0	0	90.01
90.02	09002	WOUND CARE CENTER	65,848	7,894,230	0.008341	51,929	433	90.02
91.00	09100	EMERGENCY	528,920	84,925,257	0.006228	14,820,598	92,303	91.00
91.01	04040	FAMILY PRACTICE	277,167	4,194,975	0.066071	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	234,946	11,368,834	0.020666	702,551	14,519	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	33,767	17,620,342	0.001916	5,738,668	10,995	92.01
200.00		Total (lines 50 through 199)	11,381,229	1,173,703,606		285,194,750	2,122,399	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	47,749	0.00	23,869	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,942	0.00	2,936	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	11,011	0.00	7,700	41.00	
43.00	04300	NURSERY	0	0	1,875	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	71,913	0.00	15,584	44.00	
200.00		Total (lines 30 through 199)	0	0	141,490	0.00	50,089	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	112,667,206	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	30,987,874	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,539,388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,604,752	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,757,889	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,711,362	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	39,854,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	64,801,266	0.000000	57.00
58.00	05800	MRI	0	0	0	27,873,969	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,911,866	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	133,455,723	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,666,876	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,922,071	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,709,320	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	4,883,892	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	5,938,120	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,647,846	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,729,375	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,446,011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,403,861	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,087,969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,502,104	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,062,477	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,943,145	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,227,630	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,179,961	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	183,720	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,894,230	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	84,925,257	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	4,194,975	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,368,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,620,342	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,173,703,606		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	28,525,369	0	10,208,018	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	3,301,673	0	7,447,574	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	4,878,714	0	3,063,254	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	6,321,789	0	4,233,610	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,309,260	0	13,655,272	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	542,811	0	8,052,033	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	5,088,832	0	8,922,374	0	56.00
57.00	05700 CT SCAN	0.000000	12,712,952	0	13,715,079	0	57.00
58.00	05800 MRI	0.000000	2,710,219	0	6,267,905	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	16,321,097	0	15,553,352	0	59.00
60.00	06000 LABORATORY	0.000000	42,522,456	0	10,453,269	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	3,341,547	0	166,121	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	16,402,033	0	539,866	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,729,351	0	269,447	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	9,535	0	172,274	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,747,274	0	98,120	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	750,655	0	178,364	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,009,113	0	7,995,258	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	234,804	0	245,027	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	19,525,853	0	5,674,099	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	17,762,096	0	6,120,260	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	52,173,147	0	12,663,897	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,957,412	0	60,221	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	3,012	0	616,212	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	110	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	51,929	0	2,815,971	0	90.02
91.00	09100 EMERGENCY	0.000000	14,820,598	0	11,776,441	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	702,551	0	3,888,243	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	5,738,668	0	3,450,485	0	92.01
200.00	Total (lines 50 through 199)		285,194,750	0	158,302,156	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.111272	10,208,018	74	0	1,135,867	50.00
50.01 03330 AMBULATORY SURGERY	0.168696	7,447,574	0	0	1,256,376	50.01
51.00 05100 RECOVERY ROOM	0.073519	3,063,254	0	0	225,207	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.020114	4,233,610	0	0	85,155	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.191038	13,655,272	897	0	2,608,676	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.238321	8,052,033	0	0	1,918,969	55.00
56.00 05600 RADIO SOTOPE	0.115986	8,922,374	37	0	1,034,870	56.00
57.00 05700 CT SCAN	0.026168	13,715,079	0	0	358,896	57.00
58.00 05800 MRI	0.057303	6,267,905	0	0	359,170	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.063347	15,553,352	213	0	985,258	59.00
60.00 06000 LABORATORY	0.119711	10,453,269	207	0	1,251,371	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540	166,121	0	0	30,158	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.103112	539,866	0	0	55,667	65.00
66.00 06600 PHYSICAL THERAPY	0.190160	269,447	0	0	51,238	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.754711	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.242679	172,274	0	0	41,807	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.245044	98,120	0	0	24,044	67.00
68.00 06800 SPEECH PATHOLOGY	0.307348	178,364	0	0	54,820	68.00
69.00 06900 ELECTROCARDIOLOGY	0.087629	7,995,258	0	0	700,616	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.518964	245,027	0	0	127,160	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090	5,674,099	0	0	1,753,807	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.363209	6,120,260	43,450	0	2,222,934	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.134801	12,663,897	14,236	133,745	1,707,106	73.00
74.00 07400 RENAL DIALYSIS	0.352306	60,221	0	0	21,216	74.00
76.97 07697 CARDIAC REHABILITATION	0.401241	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1.620539	616,212	0	0	998,596	90.00
90.01 09001 WELLNESS PROGRAM	2.191422	110	0	0	241	90.01
90.02 09002 WOUND CARE CENTER	0.147267	2,815,971	469	0	414,700	90.02
91.00 09100 EMERGENCY	0.106734	11,776,441	3	0	1,256,947	91.00
91.01 04040 FAMILY PRACTICE	0.592533	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218503	3,888,243	1	0	849,593	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.146799	3,450,485	1	0	506,528	92.01
200.00 Subtotal (see instructions)		158,302,156	59,588	133,745	22,036,993	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		158,302,156	59,588	133,745	22,036,993	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:03 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	8	0		50.00
50.01 03330 AMBULATORY SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	171	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	4	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	13	0		59.00
60.00 06000 LABORATORY	25	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,781	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,919	18,029		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
90.02 09002 WOUND CARE CENTER	69	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	17,990	18,029		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	17,990	18,029		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/29/2018 11:03 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,647,005	112,667,206	0.014618	16,382	239	50.00
50.01	03330	AMBULATORY SURGERY	420,488	30,987,874	0.013569	4,739	64	50.01
51.00	05100	RECOVERY ROOM	71,601	22,539,388	0.003177	6,019	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	99,725	31,604,752	0.003155	2,956	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,961,670	64,757,889	0.030292	218,742	6,626	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	788,674	21,711,362	0.036325	59,134	2,148	55.00
56.00	05600	RADIOISOTOPE	221,799	39,854,295	0.005565	125,451	698	56.00
57.00	05700	CT SCAN	75,258	64,801,266	0.001161	257,298	299	57.00
58.00	05800	MRI	328,805	27,873,969	0.011796	49,627	585	58.00
59.00	05900	CARDIAC CATHETERIZATION	305,985	67,911,866	0.004506	10,694	48	59.00
60.00	06000	LABORATORY	549,081	133,455,723	0.004114	2,361,280	9,714	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	31,349	8,666,876	0.003617	77,060	279	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	184,529	34,922,071	0.005284	1,331,468	7,035	65.00
66.00	06600	PHYSICAL THERAPY	255,641	29,709,320	0.008605	6,378,151	54,884	66.00
66.01	06601	RNRC PHYSICAL THERAPY	78,367	4,883,892	0.016046	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	290,523	5,938,120	0.048925	35,069	1,716	66.02
67.00	06700	OCCUPATIONAL THERAPY	201,792	12,647,846	0.015955	4,490,564	71,647	67.00
68.00	06800	SPEECH PATHOLOGY	69,341	5,729,375	0.012103	983,172	11,899	68.00
69.00	06900	ELECTROCARDIOLOGY	410,542	42,446,011	0.009672	110,510	1,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,984	1,403,861	0.023495	9,960	234	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	441,559	61,087,969	0.007228	729,496	5,273	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,156	50,502,104	0.008201	18,562	152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	672,355	162,062,477	0.004149	3,810,686	15,811	73.00
74.00	07400	RENAL DIALYSIS	148,267	5,943,145	0.024948	1,467,383	36,608	74.00
76.97	07697	CARDIAC REHABILITATION	195,831	2,227,630	0.087910	0	0	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	288,663	1,179,961	0.244638	0	0	90.00
90.01	09001	WELLNESS PROGRAM	54,591	183,720	0.297142	0	0	90.01
90.02	09002	WOUND CARE CENTER	65,848	7,894,230	0.008341	587	5	90.02
91.00	09100	EMERGENCY	528,920	84,925,257	0.006228	10,402	65	91.00
91.01	04040	FAMILY PRACTICE	277,167	4,194,975	0.066071	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,368,834	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	33,767	17,620,342	0.001916	200	0	92.01
200.00		Total (lines 50 through 199)	11,146,283	1,173,703,606		22,565,592	227,126	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	112,667,206	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	30,987,874	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,539,388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,604,752	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,757,889	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,711,362	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	39,854,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	64,801,266	0.000000	57.00
58.00	05800	MRI	0	0	0	27,873,969	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,911,866	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	133,455,723	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,666,876	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,922,071	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,709,320	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	4,883,892	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	5,938,120	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,647,846	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,729,375	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,446,011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,403,861	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,087,969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,502,104	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,062,477	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,943,145	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,227,630	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,179,961	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	183,720	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,894,230	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	84,925,257	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	4,194,975	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,368,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,620,342	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,173,703,606		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	16,382	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	4,739	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	6,019	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	2,956	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	218,742	0	2,875	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	59,134	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	125,451	0	480	0	56.00
57.00	05700 CT SCAN	0.000000	257,298	0	11,064	0	57.00
58.00	05800 MRI	0.000000	49,627	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,694	0	8	0	59.00
60.00	06000 LABORATORY	0.000000	2,361,280	0	576	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	77,060	0	348	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	1,331,468	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,378,151	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	35,069	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,490,564	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	983,172	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	110,510	0	6,249	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,960	0	921	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	729,496	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,562	0	460	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	3,810,686	0	5,299	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,467,383	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	587	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	10,402	0	26	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	200	0	1	0	92.01
200.00	Total (lines 50 through 199)		22,565,592	0	28,307	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:03 am
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.111272	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0.168696	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.073519	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	0.020114	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.191038	2,875	0	0	549	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.238321	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.115986	480	0	0	56	56.00
57.00 05700 CT SCAN	0.026168	11,064	0	0	290	57.00
58.00 05800 MRI	0.057303	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.063347	8	0	0	1	59.00
60.00 06000 LABORATORY	0.119711	576	0	0	69	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540	348	0	0	63	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.103112	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.190160	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.754711	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.242679	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.245044	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.307348	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.087629	6,249	0	0	548	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.518964	921	0	0	478	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.363209	460	0	0	167	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.134801	5,299	0	526	714	73.00
74.00 07400 RENAL DIALYSIS	0.352306	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.401241	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1.620539	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	2.191422	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.147267	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.106734	26	0	0	3	91.00
91.01 04040 FAMILY PRACTICE	0.592533	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218503	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.146799	1	0	0	0	92.01
200.00	Subtotal (see instructions)		28,307	0	526	2,938
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		28,307	0	526	2,938

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 11:03 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 AMBULATORY SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0		70.01
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	71		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
90.02 09002 WOUND CARE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	71		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	71		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	112,667,206	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	30,987,874	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	22,539,388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,604,752	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	64,757,889	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,711,362	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	39,854,295	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	64,801,266	0.000000	57.00
58.00	05800	MRI	0	0	0	27,873,969	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,911,866	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	133,455,723	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,666,876	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,922,071	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,709,320	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	4,883,892	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	5,938,120	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,647,846	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,729,375	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,446,011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,403,861	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,087,969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,502,104	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162,062,477	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,943,145	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,227,630	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,179,961	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	183,720	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,894,230	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	84,925,257	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	4,194,975	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,368,834	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,620,342	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,173,703,606		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
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
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	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
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,562,136	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	10,432	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,335,806	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	239,039	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
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	789,290	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
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							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	788	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		3,937,491	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	47,749	0.00	5,232	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,942	0.00	1,005	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	11,011	0.00	44	41.00	
43.00	04300	NURSERY	0	0	1,875	0.00	989	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	71,913	0.00	38,755	44.00	
200.00		Total (lines 30 through 199)	0	0	141,490	0.00	46,025	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
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Cost Center Description	Title XIX				Hospital		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00 Total (Lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:03 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	112,667,206	0.000000	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	30,987,874	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	22,539,388	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	31,604,752	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	64,757,889	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	21,711,362	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	39,854,295	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	64,801,266	0.000000	57.00
58.00 05800 MRI	0	0	0	27,873,969	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	67,911,866	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	133,455,723	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	8,666,876	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	34,922,071	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	29,709,320	0.000000	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	4,883,892	0.000000	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	5,938,120	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,647,846	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,729,375	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,446,011	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,403,861	0.000000	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,087,969	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,502,104	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	162,062,477	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,943,145	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	2,227,630	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	1,179,961	0.000000	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	183,720	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,894,230	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	84,925,257	0.000000	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	4,194,975	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,368,834	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	17,620,342	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	1,173,703,606		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0117

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2018 11:03 am

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
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
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	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
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
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
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
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2018 11:03 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,749	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,749	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		45,040	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)		23,869	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
<b>SWING BED ADJUSTMENT</b>				
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)		43,785,591	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)		43,785,591	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		43,785,591	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		916.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,887,634	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)		21,887,634	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
Title XVIII				Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	14,688,533	8,942	1,642.65	2,936	4,822,820	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,353,790	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,064,244	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)					2,384,046	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,122,399	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,506,445	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					63,557,799	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)					2,709	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					916.99	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,484,126	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,141,209	43,785,591	0.094579	2,484,126	234,946	90.00
91.00	Nursing School cost	0	43,785,591	0.000000	2,484,126	0	91.00
92.00	Allied health cost	0	43,785,591	0.000000	2,484,126	0	92.00
93.00	All other Medical Education	0	43,785,591	0.000000	2,484,126	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,011 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,011 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			11,011 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			7,700 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			9,132,450 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			9,132,450 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,132,450 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			829.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,386,303 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)			6,386,303 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,420,800	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,807,103	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					750,442	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					227,126	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					977,568	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,829,535	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,073,182	9,132,450	0.117513	0	0	90.00
91.00	Nursing School cost	0	9,132,450	0.000000	0	0	91.00
92.00	Allied health cost	0	9,132,450	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,132,450	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,913	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,913	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		71,913	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)		15,584	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
<b>SWING BED ADJUSTMENT</b>				
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)		18,214,373	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)		18,214,373	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		18,214,373	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					18,214,373	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					253.28	71.00
72.00	Program routine service cost (line 9 x line 71)					3,947,116	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					3,947,116	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,947,116	83.00
84.00	Program inpatient ancillary services (see instructions)					806,868	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,753,984	86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			47,749 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			47,749 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			45,040 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			5,232 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)			1,875 15.00
16.00	Nursery days (title V or XIX only)			989 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			43,785,591 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)			43,785,591 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			43,785,591 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			916.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,797,692 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,797,692 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	2,146,767	1,875	1,144.94	989	1,132,346	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,688,533	8,942	1,642.65	1,005	1,650,863	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,580,901	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)					2,709	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					916.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,484,126	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,141,209	43,785,591	0.094579	2,484,126	234,946	90.00
91.00	Nursing School cost	0	43,785,591	0.000000	2,484,126	0	91.00
92.00	Allied health cost	0	43,785,591	0.000000	2,484,126	0	92.00
93.00	All other Medical Education	0	43,785,591	0.000000	2,484,126	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,011 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,011 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			11,011 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)			44 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)			1,875 15.00
16.00	Nursery days (title V or XIX only)			989 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			9,132,450 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			9,132,450 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,132,450 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			829.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			36,493 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)			36,493 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
					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)				36,493		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,073,182	9,132,450	0.117513	0	0	90.00
91.00	Nursing School cost	0	9,132,450	0.000000	0	0	91.00
92.00	Allied health cost	0	9,132,450	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,132,450	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am
		Title XIX	Skilled Nursing Facility	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,913	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,913	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		71,913	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)		38,755	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)		1,875	15.00
16.00	Nursery days (title V or XIX only)		989	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		18,214,373	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)		18,214,373	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		18,214,373	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX		Skilled Nursing Facility		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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					18,214,373	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					253.28	71.00
72.00	Program routine service cost (line 9 x line 71)					9,815,866	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					9,815,866	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					824,180	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					11.46	76.00
77.00	Program capital-related costs (line 9 x line 76)					444,132	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					9,371,734	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					9,371,734	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					444,132	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					444,132	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX		Skilled Nursing Facility		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		85,282,756	30.00
31.00	03100	INTENSIVE CARE UNIT		24,869,821	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.111272	28,525,369	50.00
50.01	03330	AMBULATORY SURGERY	0.168696	3,301,673	50.01
51.00	05100	RECOVERY ROOM	0.073519	4,878,714	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.020114	6,321,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191038	10,309,260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238321	542,811	55.00
56.00	05600	RADIOISOTOPE	0.115986	5,088,832	56.00
57.00	05700	CT SCAN	0.026168	12,712,952	57.00
58.00	05800	MRI	0.057303	2,710,219	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063347	16,321,097	59.00
60.00	06000	LABORATORY	0.119711	42,522,456	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540	3,341,547	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.103112	16,402,033	65.00
66.00	06600	PHYSICAL THERAPY	0.190160	4,729,351	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.754711	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.242679	9,535	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.245044	1,747,274	67.00
68.00	06800	SPEECH PATHOLOGY	0.307348	750,655	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087629	12,009,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.533659	234,804	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090	19,525,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363209	17,762,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134801	52,173,147	73.00
74.00	07400	RENAL DIALYSIS	0.352306	1,957,412	74.00
76.97	07697	CARDIAC REHABILITATION	0.401241	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.620539	3,012	90.00
90.01	09001	WELLNESS PROGRAM	2.191422	0	90.01
90.02	09002	WOUND CARE CENTER	0.147267	51,929	90.02
91.00	09100	EMERGENCY	0.106734	14,820,598	91.00
91.01	04040	FAMILY PRACTICE	0.616780	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.218503	702,551	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.146799	5,738,668	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		285,194,750	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)		285,194,750	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		8,517		30.00
31.00	03100 INTENSIVE CARE UNIT		9,590		31.00
41.00	04100 SUBPROVIDER - IRF		20,415,178		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.111272	16,382	1,823	50.00
50.01	03330 AMBULATORY SURGERY	0.168696	4,739	799	50.01
51.00	05100 RECOVERY ROOM	0.073519	6,019	443	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020114	2,956	59	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191038	218,742	41,788	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238321	59,134	14,093	55.00
56.00	05600 RADIOISOTOPE	0.115986	125,451	14,551	56.00
57.00	05700 CT SCAN	0.026168	257,298	6,733	57.00
58.00	05800 MRI	0.057303	49,627	2,844	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063347	10,694	677	59.00
60.00	06000 LABORATORY	0.119711	2,361,280	282,671	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540	77,060	13,989	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.103112	1,331,468	137,290	65.00
66.00	06600 PHYSICAL THERAPY	0.190160	6,378,151	1,212,869	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.754711	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.242679	35,069	8,511	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.245044	4,490,564	1,100,386	67.00
68.00	06800 SPEECH PATHOLOGY	0.307348	983,172	302,176	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087629	110,510	9,684	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.533659	9,960	5,315	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090	729,496	225,480	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363209	18,562	6,742	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134801	3,810,686	513,684	73.00
74.00	07400 RENAL DIALYSIS	0.352306	1,467,383	516,968	74.00
76.97	07697 CARDIAC REHABILITATION	0.401241	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.620539	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.191422	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.147267	587	86	90.02
91.00	09100 EMERGENCY	0.106734	10,402	1,110	91.00
91.01	04040 FAMILY PRACTICE	0.616780	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218503	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.146799	200	29	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		22,565,592	4,420,800	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		22,565,592		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.111272	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.168696	0	0	50.01
51.00	05100 RECOVERY ROOM	0.073519	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.020114	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191038	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238321	0	0	55.00
56.00	05600 RADIOISOTOPE	0.115986	0	0	56.00
57.00	05700 CT SCAN	0.026168	0	0	57.00
58.00	05800 MRI	0.057303	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063347	0	0	59.00
60.00	06000 LABORATORY	0.119711	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.181540	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.103112	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.190160	1,562,136	297,056	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.754711	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.242679	10,432	2,532	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.245044	1,335,806	327,331	67.00
68.00	06800 SPEECH PATHOLOGY	0.307348	239,039	73,468	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087629	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.518964	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.309090	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363209	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.134801	789,290	106,397	73.00
74.00	07400 RENAL DIALYSIS	0.352306	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.401241	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1.620539	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.191422	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.147267	0	0	90.02
91.00	09100 EMERGENCY	0.106734	788	84	91.00
91.01	04040 FAMILY PRACTICE	0.592533	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218503	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.146799	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,937,491	806,868	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,937,491		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		41,531,805	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,123,038	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)		668,957	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		17,887,493	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		208.05	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		47.57	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)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		9.26	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)		74.83	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		74.18	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		74.18	12.00
13.00	Total allowable FTE count for the prior year.		73.74	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.		74.06	14.00
15.00	Sum of lines 12 through 14 divided by 3.		73.99	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		73.99	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.355636	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.335624	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.335624	21.00
22.00	IME payment adjustment (see instructions)		9,175,182	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,002,863	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.65	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)		9,175,182	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,002,863	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.05	31.00
32.00	Sum of lines 30 and 31		17.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.11	33.00
34.00	Disproportionate share adjustment (see instructions)		561,578	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000175386	0.000238560	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,048,369	1,614,263	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	784,122	406,883	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,191,005		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)	66,251,565		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		69,254,428	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,323,812	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).		3,826,411	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		78,406,722	59.00
60.00	Primary payer payments		14,568	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		78,392,154	61.00
62.00	Deductibles billed to program beneficiaries		4,820,508	62.00
63.00	Coinurance billed to program beneficiaries		221,746	63.00
64.00	Allowable bad debts (see instructions)		568,597	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		369,588	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		253,109	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,719,488	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)		125,445	70.93
70.94	HRR adjustment amount (see instructions)		-254,926	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	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	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)			73,590,007	71.00
71.01	Sequestration adjustment (see instructions)			1,471,800	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			72,014,916	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)			103,291	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			202,555	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: 14-0117

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2018 11:03 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41,531,805	0	41,531,805		41,531,805	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,123,038	0		13,123,038	13,123,038	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	668,957	0	559,751	109,206	668,957	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	17,887,493	0	13,838,461	4,049,032	17,887,493	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.335624	0.335624	0.335624	0.335624		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,175,182	0	6,972,152	2,203,030	9,175,182	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,002,863	0	3,002,863	0	3,002,863	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
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	9,175,182	0	6,972,152	2,203,030	9,175,182	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,002,863	0	3,002,863	0	3,002,863	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0411	0.0411	0.0411	0.0411		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	561,578	0	426,739	134,839	561,578	11.00
11.01	Uncompensated care payments	36.00	1,191,005	0	1,413,986	476,508	1,890,494	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	66,251,565	0	50,204,944	16,046,621	66,251,565	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	69,254,428	0	53,207,807	16,046,621	69,254,428	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,323,812	0	4,046,838	1,276,974	5,323,812	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	0	2,071	17.00
17.01	Net organ aquisition 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: 14-0117

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2018 11:03 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	57,256,716	17,323,595	74,580,311	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	4,430,371	0	3,361,565	1,068,806	4,430,371	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	69,392	0	60,022	9,370	69,392	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	0.1500	0.1500	0.1500	0.1500		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	664,556	0	504,235	160,321	664,556	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0360	0.0360	0.0360	0.0360		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	159,493	0	121,016	38,477	159,493	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,323,812	0	4,046,838	1,276,974	5,323,812	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2018 11:03 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 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	41,531,805	41,531,805		41,531,805	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,123,038		13,123,038	13,123,038	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	668,957	559,751	109,206	668,957	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	17,887,493	13,838,461	4,049,032	17,887,493	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.335624	0.335624	0.335624		5.00
6.00	IME payment adjustment (see instructions)	22.00	9,175,182	6,972,152	2,203,030	9,175,182	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,002,863	2,323,132	679,731	3,002,863	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
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	9,175,182	6,972,152	2,203,030	9,175,182	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,002,863	2,323,132	679,731	3,002,863	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0411	0.0411	0.0411		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	561,578	426,739	134,839	561,578	11.00
11.01	Uncompensated care payments	36.00	1,191,005	784,122	406,883	1,191,005	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	66,251,565	50,274,569	15,976,996	66,251,565	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	69,254,428	52,597,701	16,656,727	69,254,428	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,323,812	4,046,838	1,276,974	5,323,812	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	2,071	0	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			56,646,610	17,933,701	74,580,311	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2018 11:03 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,430,371	3,361,565	1,068,806	4,430,371	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	69,392	60,022	9,370	69,392	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	0.1500	0.1500	0.1500		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	664,556	504,235	160,321	664,556	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0360	0.0360	0.0360		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	159,493	121,016	38,477	159,493	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,323,812	4,046,838	1,276,974	5,323,812	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	125,445	119,726	5,719	125,445	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	-254,926	-182,748	-72,178	-254,926	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: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		36,019	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,036,993	2.00
3.00	OPPS payments		21,942,500	3.00
4.00	Outlier payment (see instructions)		130,674	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36,019	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		193,333	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)		193,333	14.00
<b>Customary charges</b>				
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)		193,333	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		157,314	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)		36,019	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)		22,073,174	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,690	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,141,376	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)		17,959,127	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		920,391	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)		18,879,518	30.00
31.00	Primary payer payments		2,472	31.00
32.00	Subtotal (line 30 minus line 31)		18,877,046	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		246,324	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		160,111	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		85,523	36.00
37.00	Subtotal (see instructions)		19,037,157	37.00
38.00	MSP-LCC reconciliation amount from PS&R		32	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)		19,037,125	40.00
40.01	Sequestration adjustment (see instructions)		380,743	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		18,719,000	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-62,618	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		71	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,938	2.00
3.00	OPPS payments		1,473	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		71	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		526	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)		526	14.00
<b>Customary charges</b>				
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)		526	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		455	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)		71	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)		1,473	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		280	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,264	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,264	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,264	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,264	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,264	40.00
40.01	Sequestration adjustment (see instructions)		25	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,236	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0117		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		68,183,856		17,597,567	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		3,951,783		1,187,271	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	08/03/2017	120,723	08/03/2017	65,838	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)		-120,723		-65,838	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)		72,014,916		18,719,000	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		103,291		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		62,618	6.02	
7.00	Total Medicare program liability (see instructions)		72,118,207		18,656,382	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0117  
Component CCN: 14-T117

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		11,728,146		1,236	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/03/2017	10,540		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)		10,540		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)		11,738,686		1,236	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		121,347		3	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,860,033		1,239	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0117  
Component CCN: 14-5324

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2018 11:03 am

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,252,800		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,252,800		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		42		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,252,842		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0117

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/29/2018 11:03 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>		
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: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			11,946,268 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0171 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			223,395 3.00
4.00	Outlier Payments			46,005 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			30.167123 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			12,215,668 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			12,215,668 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			12,215,668 19.00
20.00	Deductibles			97,328 20.00
21.00	Subtotal (line 19 minus line 20)			12,118,340 21.00
22.00	Coinsurance			21,385 22.00
23.00	Subtotal (line 21 minus line 22)			12,096,955 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,877 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,120 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,186 26.00
27.00	Subtotal (sum of lines 23 and 25)			12,102,075 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			12,102,075 32.00
32.01	Sequestration adjustment (see instructions)			242,042 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			11,738,686 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			121,347 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			11,344 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			46,005 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		8,964,432	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		8,964,432	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		1,563,573	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		7,400,859	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		7,400,859	15.00
15.01	Sequestration adjustment (see instructions)		148,017	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		7,252,800	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		42	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		7,580,901		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)		7,580,901	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)		7,580,901	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
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
<b>CUSTOMARY CHARGES</b>					
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)		7,580,901	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		7,580,901	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 11:03 am	
		Title XIX	Subprovider - IRF	Cost	
		Inpatient 1.00	Outpatient 2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	36,493			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)	36,493		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)	36,493		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
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
<b>CUSTOMARY CHARGES</b>					
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)	36,493		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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	36,493		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		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		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 11:03 am
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	444,132		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)	444,132	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)	444,132	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
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
<b>CUSTOMARY CHARGES</b>				
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)	444,132	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	444,132	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	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	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: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 11:03 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.05	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))			10.28	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)			76.64	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.25	6.00
7.00	Enter the lesser of line 5 or line 6			74.25	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.	26.48	46.59	73.07	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.	26.48	46.59	73.07	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	26.48	46.59		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.48	45.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	27.60	45.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	26.85	45.76		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	26.85	45.76		17.00
18.00	Per resident amount	99,361.71	99,361.71		18.00
19.00	Approved amount for resident costs	2,667,862	4,546,792	7,214,654	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)			0.00	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)			7,214,654	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	34,505	10,015		26.00
27.00	Total Inpatient Days (see instructions)	65,515	65,515		27.00
28.00	Ratio of inpatient days to total inpatient days	0.526673	0.152866		28.00
29.00	Program direct GME amount	3,799,763	1,102,875		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		155,836		30.00
31.00	Net Program direct GME amount			4,746,802	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		5,943,145	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		91,782,895	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)		14,568	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		91,768,327	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		22,076,021	42.00
43.00	Primary payer payments (see instructions)		2,472	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,073,549	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		113,841,876	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.806103	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.193897	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,746,802	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,826,411	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		920,391	50.00

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

Provider CCN: 14-0117

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

Worksheet G

Date/Time Prepared:  
5/29/2018 11:03 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-665,850	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	151,864,925	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-110,969,938	0	0	0	6.00
7.00	Inventory	6,458,800	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,119,906	0	0	0	9.00
10.00	Due from other funds	-9,556,781	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	40,251,062	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,892,216	0	0	0	12.00
13.00	Land improvements	15,103,209	0	0	0	13.00
14.00	Accumulated depreciation	-3,680,444	0	0	0	14.00
15.00	Buildings	180,542,852	0	0	0	15.00
16.00	Accumulated depreciation	-77,735,849	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	494,170	0	0	0	21.00
22.00	Accumulated depreciation	-394,481	0	0	0	22.00
23.00	Major movable equipment	118,292,592	0	0	0	23.00
24.00	Accumulated depreciation	-88,300,529	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)	147,213,736	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	79,380	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	79,380	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	187,544,178	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,272,369	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	255,091	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	26,013,203	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,556,663	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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)	27,556,663	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	159,987,515				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	159,987,515	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	187,544,178	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

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

Worksheet G-1

Date/Time Prepared:  
5/29/2018 11:03 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		282,027,127		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,889,928				2.00
3.00	Total (sum of line 1 and line 2)		290,917,055		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	-130,929,540		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)		-130,929,540		0		10.00
11.00	Subtotal (line 3 plus line 10)		159,987,515		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	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)		159,987,515		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	TEMPORARILY RESTRICTED FUNDS		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) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2018 11:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	218,330,097		218,330,097	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	29,391,552		29,391,552	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	20,572,318		20,572,318	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)	268,293,967		268,293,967	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	50,087,255		50,087,255	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	50,087,255		50,087,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	318,381,222		318,381,222	17.00
18.00	Ancillary services	596,474,659	536,594,976	1,133,069,635	18.00
19.00	Outpatient services	0	9,223,620	9,223,620	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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)	914,855,881	545,818,596	1,460,674,477	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		289,781,537		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		289,781,537		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0117

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

Worksheet G-3

Date/Time Prepared:  
5/29/2018 11:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,460,674,477	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,169,173,282	2.00
3.00	Net patient revenues (line 1 minus line 2)	291,501,195	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	289,781,537	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,719,658	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	14,220	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	19,149	13.00
14.00	Revenue from meals sold to employees and guests	1,118,055	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,851	22.00
23.00	Governmental appropriations	198,012	23.00
24.00	REVENUE FROM OTHER SERVICES	4,989,315	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	601,075	24.01
25.00	Total other income (sum of lines 6-24)	6,942,677	25.00
26.00	Total (line 5 plus line 25)	8,662,335	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	-227,593	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-227,593	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,889,928	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0117

Period:

Worksheet I-1

Component CCN: 14-2335

From 01/01/2017  
To 12/31/2017

Date/Time Prepared:  
5/29/2018 11:03 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	528,355	HOURS OF SERVICE	20,493.00	9.85	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	58,134	HOURS OF SERVICE	3,686.00	1.77	4.00
5.00	SOCIAL WORKERS	14,801	HOURS OF SERVICE	519.00	0.25	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	25,430	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	626,720				9.00
10.00	EMPLOYEE BENEFITS	94,504	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	825	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	7,996	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	80,181	REQUISITIONS			14.00
15.00	DRUGS	10,246	REQUISITIONS			15.00
16.00	OTHER	402,039	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,222,511				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	83,875	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	1,201	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	145,047	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	412,466	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	193,419	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	35,287	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,093,806				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIpsy	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,093,806				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0117

Period: From 01/01/2017

Worksheet 1-2

Component CCN: 14-2335

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:03 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	277,294	10,022	528,355	72,935	239,551	10,246	1.00
MAINTENANCE								
2.00	Hemodialysis	231,533	8,368	441,161	60,901	200,021	8,555	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	45,761	1,654	87,194	12,034	39,530	1,691	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0	0	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	277,294	10,022	528,355	72,935	239,551	10,246	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	80,181	0	1,218,584	875,222	2,093,806		1.00
MAINTENANCE								
2.00	Hemodialysis	66,950	0	1,017,489	730,790	1,748,279		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	13,231	0	201,095	144,432	345,527		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)	0	0	0	0	0		14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	80,181	0	1,218,584	875,222	2,093,806		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,093,806		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period: From 01/01/2017

Worksheet 1-3

Component CCN: 14-2335

To 12/31/2017

Date/Time Prepared: 5/29/2018 11:03 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	277,294	10,022	528,355	72,935	239,551	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	180,479
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0	0.00	0.00	0.00	0
17.00	Total Statistical Basis	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	73.807293	0.469195	28.054744	5.898981	0.219031	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	10,246	80,181	0	1,218,584	875,222	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	432,492	276,378	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	85,474	54,621	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	517,966	330,999	0	1,218,584		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.019781	0.242239	0.000000	0.718229		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0117

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

Worksheet 1-4

Component CCN: 14-2335

Date/Time Prepared:  
5/29/2018 11:03 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,183	1,748,279	282.76	1,324	374,374	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	6,183	1,748,279		1,324	374,374	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	6,183					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	341,039	257.58				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	341,039					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet 1-5 Date/Time Prepared: 5/29/2018 11:03 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	374,374		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	341,039	341,039	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	341,039	341,039	2.03
2.04	Outlier payments	5,782		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	68,208	68,208	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	68,208	68,208	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	68,208	8.00
9.00	Program payment (see instructions)	272,831	272,831	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	1,748,279		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	1,748,279		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 11:03 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,430,371	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		69,392	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)		149.33	3.00
4.00	Number of interns & residents (see instructions)		73.99	4.00
5.00	Indirect medical education percentage (see instructions)		15.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		664,556	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.05	8.00
9.00	Sum of lines 7 and 8		17.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.60	10.00
11.00	Disproportionate share adjustment (see instructions)		159,493	11.00
12.00	Total prospective capital payments (see instructions)		5,323,812	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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